

**Experiment Number:** 20105 - 78

**Test Type: CHRONIC**

## **Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

Final 1 GSM Mice Core Study

**NTP Study Number:** C20105

**Lock Date:** 04/07/2016

**Cage Range:** ALL

**Date Range:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

TDMSE Version: 3.0.2.4\_cartox

**PWG Approval Date:** NONE

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

## Cell Phone Radiation: GSM

**Time Report Requested:** 12:30:15

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADGSM

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

Lab: IIT

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

B6C3F1 MICE MALE	DAY ON TEST																									males (cont...)		
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
0 W/kg	ANIMAL ID	5	7	7	7	7	7	5	7	2	7	7	7	6	7	7	7	7	7	7	6	7	7	4	7	7	7	males (cont...)
		8	3	2	3	3	3	6	3	6	3	3	2	9	3	1	9	5	7	1	8	9	0	6	7	3	3	
		8	2	9	0	9	2	8	8	3	0	1	9	5	7	1	8	9	0	6	5	7	3	8	3	1	6	
Infiltration Cellular, Mixed Cell																											1	
Inflammation, Focal																												
Inflammation, Chronic Active																												
Mixed Cell Focus																												
Necrosis																												
Mesentery		+																										
Fat, Necrosis																												
Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M		
Hemorrhage																												
Infiltration Cellular, Lymphocyte																												
Inflammation, Granulomatous																												
Duct, Cyst																												
Duct, Fibrosis																												
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
Infiltration Cellular, Lymphocyte		1	1	1	2	2	2	1	1	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1			
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+		
Epithelium, Hyperplasia, Focal																												
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
Hemorrhage																												
Epithelium, Hyperplasia, Focal																												
Tooth		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+			
Dysplasia																			1	1	3	1	3	1	4			
Inflammation, Suppurative																												

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **GENERAL BODY SYSTEM**

## Peritoneum

## **GENITAL SYSTEM**

**Coagulating Gland  
Cyst**

Epididymis  
Granuloma Sperm  
Infiltration Cellular

Preputial Gland  
Infiltration Cellular, Lymphocyte  
Inflammation, Suppurative

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

B6C3F1 MICE MALE	0 W/kg	DAY ON TEST	males (cont...)																							
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	5	7	7	7	7	7	5	7	2	7	7	7	6	7	7	7	7	7	7	6	7	7	4	7	7	7
	8	3	2	3	3	3	6	3	6	3	3	2	9	3	3	3	3	3	3	7	2	3	8	3	3	3
	8	2	9	0	9	2	8	8	3	0	1	9	5	7	1	8	9	0	0	6	5	7	8	3	1	6
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	6	7	8	0	1	3	4	5	6	7	9	0	1	3	4	5	7	8	9	0	1	2

Inflammation, Chronic Active  
 Bilateral, Duct, Dilation  
 Duct, Dilation  
 Duct, Necrosis

2  
2      4  
3      3      4  
2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2      2

Prostate  
 Infiltration Cellular, Lymphocyte  
 Inflammation, Chronic Active

+   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +  
1  
3

Seminal Vesicle  
 Dilation  
 Inflammation, Chronic Active  
 Bilateral, Dilation

+   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +  
2  
2  
3      2      3

Testis  
 Germ Cell, Degeneration

+   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +

### HEMATOPOIETIC SYSTEM

Bone Marrow  
 Hypercellularity

+   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +

Lymph Node  
 Renal, Hemorrhage

+                    +

Lymph Node, Mandibular  
 Hyperplasia, Lymphoid  
 Infiltration Cellular, Histiocyte

+   M   +   +   M   M   +   M   +   +   +   +   M   +   +   +   M   +   +   +   M   +   +   +   +   M   +   +   +   +   +  
1

Lymph Node, Mesenteric  
 Erythrophagocytosis

+   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +  
3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked









**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

DAY ON TEST																					males (cont...)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ANIMAL ID	3	7	7	6	6	6	7	3	7	0	2	9	2	9	6	3	7	3	6	9	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## CARDIOVASCULAR SYSTEM

# **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

B6C3F1 MICE MALE	DAY ON TEST																									males (cont...)		
		0 3 5 0	0 7 3 8	0 6 3 2	0 6 7 8	0 7 3 1	0 7 2 2	0 7 9 9	0 6 3 6	0 7 3 7	0 4 5 5	0 6 2 2	0 7 3 6	0 6 3 0	0 7 3 8	0 7 3 2	0 7 3 1	0 7 3 9	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3					
0 W/kg	ANIMAL ID	0 0 0 0 3 3	0 0 0 0 3 4	0 0 0 0 3 5	0 0 0 0 3 6	0 0 0 0 3 7	0 0 0 0 3 8	0 0 0 0 3 9	0 0 0 0 4 1	0 0 0 0 4 2	0 0 0 0 4 3	0 0 0 0 4 4	0 0 0 0 4 5	0 0 0 0 5 6	0 0 0 0 5 7	0 0 0 0 5 8	0 0 0 0 5 9	0 0 0 0 5 6	0 0 0 0 5 7	0 0 0 0 5 8	0 0 0 0 5 9	0 0 0 0 5 6	0 0 0 0 5 7	0 0 0 0 5 8	0 0 0 0 5 9			
Adrenal Medulla		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Islets, Pancreatic Hyperplasia		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	2	
Infiltration Cellular, Lymphocyte																												1
Parathyroid Gland		+	+	+	M	+	M	+	+	+	M	+	+	+	+	+	M	+	+	+	+	M	+	+	M	+		
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+		
Pars Distalis, Angiectasis																												X X
Pars Distalis, Cyst																												
Pars Distalis, Hyperplasia, Focal																												
Thyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

### GENERAL BODY SYSTEM

Peritoneum

### GENITAL SYSTEM

Coagulating Gland  
Cyst

+

X

Epididymis  
Granuloma Sperm  
Infiltration Cellular, Lymphocyte

+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
1																											
	1	1																									

Preputial Gland  
Infiltration Cellular, Lymphocyte  
Inflammation, Suppurative

+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
2	2	1				2	1	2	2	2	1	1	2		1	2	1	2	2	2	1	2	2	2	1	1	1

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

		DAY ON TEST	males (cont...)																										
B6C3F1 MICE MALE			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		ANIMAL ID	3	5	0	8	7	6	6	7	7	3	0	2	2	3	9	3	3	5	2	2	6	7	6	3	8	7	7
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inflammation, Chronic Active																													
Bilateral, Duct, Dilation																													
Duct, Dilation																													
Duct, Necrosis																													
Prostate			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Infiltration Cellular, Lymphocyte																													
Inflammation, Chronic Active																													
Seminal Vesicle			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Dilation																													
Inflammation, Chronic Active																													
Bilateral, Dilation																													
Testis			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Germ Cell, Degeneration																													

## HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hypercellularity																												
Lymph Node																												
Renal, Hemorrhage																												
Lymph Node, Mandibular	+	+	+	M	+	M	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	M	+	+	M	M	+	
Hyperplasia, Lymphoid																												
Infiltration Cellular, Histiocyte																												
Lymph Node, Mesenteric	A	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	
Erythrophagocytosis																												

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

		DAY ON TEST	males (cont...)																								
B6C3F1 MICE MALE	0 W/kg		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	3	7	6	6	7	7	7	7	7	7	6	7	7	4	6	7	6	7	7	3	3	2	1	9	
Hemorrhage																											
Hyperplasia, Lymphoid																											
Infiltration Cellular, Histiocyte																											
Infiltration Cellular, Plasma Cell																											
Spleen			A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Extramedullary Hematopoiesis																											
Hyperplasia, Lymphoid																											
Thymus			+	+	+	M	+	+	+	+	M	+	+	+	+	M	+	+	+	M	+	M	+	+	+	+	
Atrophy																											
Cyst			4																								
Hemorrhage			X																								

## INTEGUMENTARY SYSTEM

Mammary Gland	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Infiltration Cellular, Mixed Cell

Ulcer

## MUSCULOSKELETAL SYSTEM

Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Degeneration

Infiltration Cellular, Lymphocyte

1

2

## NERVOUS SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 2) Mild
- 3) Moderate
- 4) Marked



Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

		B6C3F1 MICE MALE																				males (cont...)																								
0 W/kg	ANIMAL ID	DAY ON TEST		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	males (cont...)																							
		3	7	6	6	6	7	7	7	7	7	6	7	7	4	6	7	6	7	7	7	7																								
		5	3	3	0	6	7	3	3	0	2	2	3	9	3	5	2	3	9	3	3	3																								
		0	8	2	8	7	4	7	1	2	9	9	6	3	7	3	5	2	6	3	0	6																								
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																								
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																								
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																								
		3	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	5	5																								
		3	4	5	6	7	8	9	1	2	3	4	5	6	7	9	0	1	2	3	4	5	6																							
Respiratory Epithelium, Accumulation, Hyaline Droplet																																														
Respiratory Epithelium, Hyperplasia																																														
Vomeronasal Organ, Fibrosis																																														
Trachea		+ + + + + + + + + + + + + + + + + + + + + +																																												
<b>SPECIAL SENSES SYSTEM</b>																																														
Eye		+ + + + + + + + + + + + + + + + + + + + + +																																												
Cornea, Fibrosis																																														
Harderian Gland																																														
Hemorrhage																																														
Hyperplasia, Focal																																														
Infiltration Cellular, Lymphocyte																																														
<b>URINARY SYSTEM</b>																																														
Kidney		+ + + + + + + + + + + + + + + + + + + + + +																																												
Infarct																																														
Inflammation, Suppurative																																														
Inflammation, Granulomatous																																														
Metaplasia, Osseous																																														
Nephropathy, Chronic Progressive		X																																												
Glomerulus, Cyst		1 1 1 2 1 2 2 1 2 1 1 2 1 1 1 2 1 1 1 3 1 2 2																																												
Interstitial, Infiltration Cellular, Lymphocyte		1 2 1 2 2 1 2 1 1 2 1 1 2 2 1 2 2 1																																												
Pelvis, Dilation																																														
Renal Tubule, Cyst																																														
Renal Tubule, Mineral																																														
Urothelium, Inflammation, Chronic Active																																														
* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade																																														
+ .. Tissue examined microscopically																																														
M .. Missing tissue																																														
X .. Lesion present																																														
A .. Autolysis precludes evaluation																																														
BLANK .. Not examined microscopically																																														
1-4 .. Lesion qualified as:																																														
1) Minimal 3) Moderate																																														
2) Mild 4) Marked																																														

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

		DAY ON TEST	males (cont...)																									
B6C3F1 MICE MALE			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	3	7	6	6	6	7	7	7	7	7	6	7	7	4	6	7	6	7	7	7	3	3	3	2	1	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemorrhage			1	2	1				2		1		1									2	1				2	
Infiltration Cellular, Lymphocyte																												

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

B6C3F1 MICE MALE	DAY ON TEST																									<b>males (cont...)</b>
		0 7 3 8	0 7 3 2	0 7 2 9	0 7 3 3	0 5 8	0 3 0	0 3 8	0 6 6	0 7 1	0 7 2	0 7 3	0 7 3	0 7 6	0 7 3	0 7 3	0 7 2	0 7 3	0 7 3	0 7 2	0 7 3	0 7 3	0 7 0			
0 W/kg	ANIMAL ID	0 0 0 0 0 6 0	0 0 0 0 0 6 1	0 0 0 0 0 6 2	0 0 0 0 0 6 4	0 0 0 0 0 6 5	0 0 0 0 0 6 6	0 0 0 0 0 6 7	0 0 0 0 0 6 8	0 0 0 0 0 6 9	0 0 0 0 0 7 0	0 0 0 0 0 7 1	0 0 0 0 0 7 2	0 0 0 0 0 7 3	0 0 0 0 0 7 4	0 0 0 0 0 7 5	0 0 0 0 0 7 6	0 0 0 0 0 7 7	0 0 0 0 0 7 8	0 0 0 0 0 8 0	0 0 0 0 0 8 1	0 0 0 0 0 8 2	0 0 0 0 0 8 3	0 0 0 0 0 8 4		
Infiltration Cellular, Mixed Cell																									1	
Inflammation, Focal																									1	
Inflammation, Chronic Active																									1	
Mixed Cell Focus																									1	
Necrosis																									3	
Mesentery																									+	
Fat, Necrosis																									1	
Pancreas																									+	
Hemorrhage																									1	
Infiltration Cellular, Lymphocyte																									1	
Inflammation, Granulomatous																									1	
Duct, Cyst																									+	
Duct, Fibrosis																									+	
Salivary Glands																									+	
Infiltration Cellular, Lymphocyte																									1	
Stomach, Forestomach																									1	
Epithelium, Hyperplasia, Focal																									+	
Stomach, Glandular																									+	
Hemorrhage																									+	
Epithelium, Hyperplasia, Focal																									+	
Tooth																									+	
Dysplasia																									+	
Inflammation, Suppurative																									+	

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

B6C3F1 MICE MALE	0 W/kg	ANIMAL ID	males (cont...)																							
			DAY ON TEST	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738	0738
				0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000

### CARDIOVASCULAR SYSTEM

Aorta

+

Blood Vessel  
 Inflammation, Chronic

+

Heart  
 Bacteria  
 Cardiomyopathy  
 Inflammation, Acute  
 Inflammation, Chronic Active  
 Thrombus  
 Artery, Inflammation, Chronic Active  
 Endocardium, Mineral  
 Epicardium, Inflammation, Chronic  
 Epicardium, Mineral  
 Myocardium, Mineral  
 Myocardium, Necrosis

1

2

### ENDOCRINE SYSTEM

Adrenal Cortex

+

Accessory Adrenal Cortical Nodule

+

Angiectasis

+

Hyperplasia, Focal

+

Hypertrophy, Focal

+

Bilateral, Hypertrophy, Focal

+

Subcapsular, Hyperplasia

+

3

2

2

1

2

1

2

2

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **GENERAL BODY SYSTEM**

## Peritoneum

## **GENITAL SYSTEM**

## Coagulating Gland Cyst

Epididymis  
Granuloma Sperm  
Infiltration Cellular, Lymphocyte

Preputial Gland  
Infiltration Cellular, Lymphocyte  
Inflammation, Suppurative

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

B6C3F1 MICE MALE	0 W/kg	DAY ON TEST	males (cont...)																							
			07	07	07	07	07	06	07	00	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	06
ANIMAL ID	08	02	02	09	03	08	00	08	06	08	01	09	01	02	06	03	07	07	07	07	07	07	07	07	07	07
Inflammation, Chronic Active																										
Bilateral, Duct, Dilation																										
Duct, Dilation																										
Duct, Necrosis																										
Prostate																										
Infiltration Cellular, Lymphocyte																										
Inflammation, Chronic Active																										
Seminal Vesicle																										
Dilation																										
Inflammation, Chronic Active																										
Bilateral, Dilation																										
Testis																										
Germ Cell, Degeneration																										

### HEMATOPOIETIC SYSTEM

Bone Marrow																										
Hypercellularity																										
Lymph Node																										
Renal, Hemorrhage																										
Lymph Node, Mandibular				M														M								
Hyperplasia, Lymphoid																										
Infiltration Cellular, Histiocyte																										
Lymph Node, Mesenteric																										
Erythrophagocytosis																										

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

B6C3F1 MICE MALE	DAY ON TEST																									males (cont...)	
		0 7 3 8	0 7 3 2	0 7 2 9	0 7 3 3	0 5 8	0 3 0	0 3 8	0 6 8	0 7 6	0 7 8	0 7 1	0 7 9	0 7 2	0 7 3	0 7 6	0 7 3	0 7 7	0 7 7	0 7 3	0 7 3	0 7 2	0 7 3	0 7 3	0 7 2		
0 W/kg	ANIMAL ID	0 0 0 0 0 6 0	0 0 0 0 0 6 1	0 0 0 0 0 6 2	0 0 0 0 0 6 4	0 0 0 0 0 6 5	0 0 0 0 0 6 6	0 0 0 0 0 6 7	0 0 0 0 0 6 8	0 0 0 0 0 6 9	0 0 0 0 0 7 0	0 0 0 0 0 7 1	0 0 0 0 0 7 2	0 0 0 0 0 7 3	0 0 0 0 0 7 4	0 0 0 0 0 7 5	0 0 0 0 0 7 6	0 0 0 0 0 7 7	0 0 0 0 0 7 8	0 0 0 0 0 7 9	0 0 0 0 0 8 0	0 0 0 0 0 8 1	0 0 0 0 0 8 2	0 0 0 0 0 8 3	0 0 0 0 0 8 4		
		Hemorrhage																									1
Hyperplasia, Lymphoid																											2
Infiltration Cellular, Histiocyte																											3
Infiltration Cellular, Plasma Cell																											1
Spleen		+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
Extramedullary Hematopoiesis																											2
Hyperplasia, Lymphoid																											2
Thymus		+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	
Atrophy																											3
Cyst																											3
Hemorrhage												X															X

**INTEGUMENTARY SYSTEM**

Mammary Gland	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Infiltration Cellular, Mixed Cell

Ulcer

3

**MUSCULOSKELETAL SYSTEM**

Bone	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Degeneration

Infiltration Cellular, Lymphocyte

1

**NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 2) Mild
- 3) Moderate
- 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

B6C3F1 MICE MALE	0 W/kg	ANIMAL ID	males (cont...)																							
			DAY ON TEST	0738	0732	0729	0733	0738	0708	0706	0700	0707	0703	0703	0702	0703	0703	0703	0703	0703	0703	0703	0703	0703	0703	0703
				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemorrhage																											
Infiltration Cellular, Lymphocyte																											
Mineral	1	2	1	2	2	1	1	2		2	1	2	1	2	2	2	2	2	2	1	1	2	1	2	1		
Artery, Meninges, Inflammation, Chronic Active																											
Brain Trigeminal Ganglion	+	M	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	M	+	M	M		
Nerve Trigeminal	+	+	+	+	+	+	+	M	+	+	M	+	+	+	+	+	M	+	M	M	+	M	+	M	+		
Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1	1	+	+	+	+	
Axon, Degeneration																											
Spinal Cord	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Necrosis																											
Artery, Meninges, Inflammation, Chronic Active																											

## RESPIRATORY SYSTEM

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Congestion																											
Hemorrhage																											
Infiltration Cellular, Histiocyte																											
Infiltration Cellular, Lymphocyte																											
Alveolar Epithelium, Hyperplasia, Focal																											
Bronchiole, Foreign Body																											
Bronchiole, Inflammation, Suppurative																											
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Inflammation, Acute																											

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

		DAY ON TEST	0 7 3 8	0 7 3 2	0 7 2 9	0 5 8	0 3 0	0 8 6	0 7 8	0 7 1	0 7 9	0 7 1	0 7 2	0 7 3	0 7 6	0 7 3	0 7 3	0 7 2	0 7 3	0 7 3	0 7 2	0 7 3	0 7 3	0 7 0	0 7 3	0 7 7	0 7 2	0 7 2	0 6		
		ANIMAL ID	0 0 0 6 0	0 0 0 6 1	0 0 0 6 2	0 0 0 6 4	0 0 0 6 5	0 0 0 6 6	0 0 0 7 8	0 0 0 9	0 0 1	0 0 2	0 0 3	0 0 4	0 0 5	0 0 6	0 0 7	0 0 8	0 0 9	0 0 0	0 0 1	0 0 2	0 0 3	0 0 4	0 0 5	0 0 6	0 0 7	0 0 8	0 0 8	0 0 8	0 0 8

males  
(cont...)Respiratory Epithelium, Accumulation, Hyaline  
Droplet

Respiratory Epithelium, Hyperplasia

Vomeronasal Organ, Fibrosis

Trachea

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

## SPECIAL SENSES SYSTEM

Eye

Cornea, Fibrosis

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Harderian Gland

Hemorrhage

Hyperplasia, Focal

Infiltration Cellular, Lymphocyte

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

2

2

## URINARY SYSTEM

Kidney

Infarct

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

1

2

Inflammation, Suppurative

Inflammation, Granulomatous

Metaplasia, Osseous

Nephropathy, Chronic Progressive

1 1 1 1 2 1 1 3 1 3 2 1 1 1 2 1 1 1 1 1 2 1

Glomerulus, Cyst

Interstitial, Infiltration Cellular, Lymphocyte

1 2 2 1 3 1 1 2 1 1 2 1 2 1

Pelvis, Dilation

Renal Tubule, Cyst

Renal Tubule, Mineral

X X 2 X

3

Urothelium, Inflammation, Chronic Active

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Urinary Bladder

### Hemorrhage

#### Infiltration Cellular, Lymphocyte

2 1

**males**  
**(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 0 W/kg | DAY ON TEST | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
|------------------|--------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |        |             | 7        | 7 | 7 | 7 | 7 | 3 | 7 | 4 | 7 | 7 | 7 | 7 | 7 |   |   |
| B6C3F1 MICE MALE | 0 W/kg | ANIMAL ID   | 0        | 3 | 3 | 3 | 3 | 9 | 2 | 2 | 3 | 3 | 1 | 2 | 3 | 3 |   |
|                  |        |             | 9        | 0 | 8 | 0 | 6 | 3 | 9 | 0 | 1 | 0 | 1 | 9 | 2 | 3 |   |
| B6C3F1 MICE MALE | 0 W/kg | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                  |        |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| B6C3F1 MICE MALE | 0 W/kg | ANIMAL ID   | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |   |
|                  |        |             | 8        | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |   |
| B6C3F1 MICE MALE | 0 W/kg | ANIMAL ID   | 6        | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 2 | 3 | 4 |
|                  |        |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### ALIMENTARY SYSTEM

|                                                   |                               |        |
|---------------------------------------------------|-------------------------------|--------|
| Esophagus                                         | + + + + + + + + + + + + + +   | 88     |
| Gallbladder                                       | + + + M + M + + + + + + M +   | 73     |
| Intestine Large, Cecum                            | A + + + + A + + + + + + + +   | 81     |
| Intestine Large, Colon                            | + + + + + A + + + + + + + +   | 84     |
| Intestine Large, Rectum                           | + + + + + A + + + + + + + +   | 84     |
| Intestine Small, Duodenum                         | A + + + + A + + + M + + + + + | 77     |
| Intestine Small, Ileum                            | A + + + + A + + + + + + + +   | 81     |
| Peyer's Patch, Hyperplasia, Lymphoid              | 3                             | 1 3.0  |
| Peyer's Patch, Infiltration Cellular, Plasma Cell |                               | 1 2.0  |
| Intestine Small, Jejunum                          | A + + + + A + + + + + + + +   | 79     |
| Inflammation, Granulomatous                       | 2                             | 1 2.0  |
| Epithelium, Cyst                                  |                               | 1      |
| Liver                                             | + + + + + + + + + + + + + +   | 90     |
| Basophilic Focus                                  |                               | 1      |
| Clear Cell Focus                                  | X X                           | 28     |
| Eosinophilic Focus                                | X                             | 4      |
| Extramedullary Hematopoiesis                      |                               | 2 1.5  |
| Fatty Change                                      | 2 1 1                         | 37 1.8 |
| Fibrosis                                          | 1 2                           | 1 2.0  |
| Hemorrhage                                        | 2 2                           | 1 3.0  |
| Infiltration Cellular, Lymphocyte                 |                               | 2 1.5  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| <b>B6C3F1 MICE MALE</b>           | <b>0 W/kg</b>              | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                 | <b>* TOTALS</b> |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|-----------------|
|                                   |                            |                            | 0<br>7<br>0<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>8           | 0<br>7<br>6<br>0           | 0<br>3<br>3<br>6           | 0<br>9<br>2<br>3           | 0<br>4<br>2<br>0           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>1           | 0<br>7<br>3<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>6           | 0<br>7<br>3<br>3           |                 |                 |
| ANIMAL ID                         | 0<br>0<br>0<br>0<br>8<br>6 | 0<br>0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | <b>* TOTALS</b> |                 |
| Infiltration Cellular, Mixed Cell |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0           |                 |
| Inflammation, Focal               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 1.0           |                 |
| Inflammation, Chronic Active      |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 1.5           |                 |
| Mixed Cell Focus                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2               |                 |
| Necrosis                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 6 2.2           |                 |
| Mesentery                         |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                 |                 |
| Fat, Necrosis                     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 12 8 2.3        |                 |
| Pancreas                          |                            |                            | +                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                 |                 |
| Hemorrhage                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0           |                 |
| Infiltration Cellular, Lymphocyte |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3 1.0           |                 |
| Inflammation, Granulomatous       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0           |                 |
| Duct, Cyst                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1               |                 |
| Duct, Fibrosis                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0           |                 |
| Salivary Glands                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 90              |                 |
| Infiltration Cellular, Lymphocyte |                            |                            | +                          | +                          | +                          | +                          | +                          | A                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 58 1.6          |                 |
| Stomach, Forestomach              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 88              |                 |
| Epithelium, Hyperplasia, Focal    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3 2.0           |                 |
| Stomach, Glandular                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 87              |                 |
| Hemorrhage                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0           |                 |
| Epithelium, Hyperplasia, Focal    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0           |                 |
| Tooth                             |                            |                            | +                          |                            |                            |                            |                            |                            | +                          |                            |                            |                            |                            |                            |                            |                            | 27              |                 |
| Dysplasia                         |                            |                            |                            |                            |                            |                            |                            |                            | 4                          |                            |                            |                            |                            |                            |                            |                            | 26 2.6          |                 |
| Inflammation, Suppurative         |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2                          |                            |                            |                            |                            |                            |                            | 2 2.5           |                 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 0 W/kg   | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|------------------|----------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                  |          |             | 0<br>7<br>0<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>6 | 0<br>3<br>9<br>3 | 0<br>7<br>2<br>3 | 0<br>4<br>2<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |
| ANIMAL ID        | * TOTALS |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  | 8        | 8           | 8                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 9                | 0                | 0                |
|                  | 6        | 8           | 9                | 0                | 1                | 2                | 3                | 4                | 5                | 6                | 7                | 0                | 2                | 3                | 4                |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

### CARDIOVASCULAR SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Aorta                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |
| Blood Vessel                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Inflammation, Chronic                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Heart                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Bacteria                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Cardiomyopathy                       | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 1.2 |
| Inflammation, Acute                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Inflammation, Chronic Active         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.5  |
| Thrombus                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Artery, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Endocardium, Mineral                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Epicardium, Inflammation, Chronic    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Epicardium, Mineral                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Myocardium, Mineral                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.5  |
| Myocardium, Necrosis                 |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   | 1 2.0  |

### ENDOCRINE SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Accessory Adrenal Cortical Nodule |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Angiectasis                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Hyperplasia, Focal                |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   | 3 2.3  |
| Hypertrophy, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.5  |
| Bilateral, Hypertrophy, Focal     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Subcapsular, Hyperplasia          | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 2 | 2 | 2 | 2 |   | 69 1.7 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                  | 0 W/kg                          | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                 |  |
|-----------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|------------------|-----------------|--|
|                                   |                                 |                            | 0<br>7<br>0<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>6           | 0<br>3<br>9<br>3           | 0<br>7<br>2<br>3           | 0<br>4<br>2<br>0           | 0<br>7<br>3<br>1           | 0<br>7<br>0<br>0           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>6           | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |                 |  |
| ANIMAL ID                         | 0<br>0<br>0<br>0<br>8<br>6      | 0<br>0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>9<br>9 | 0<br>0<br>0<br>0<br>9<br>4 | 0<br>0<br>0<br>0<br>9<br>5 | 0<br>0<br>0<br>0<br>9<br>6 | 0<br>0<br>0<br>0<br>9<br>7 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>0<br>4 |                  |                  |                 |  |
| Adrenal Medulla                   | + + + + + + + + + + + + + +     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 90              |  |
| Islets, Pancreatic Hyperplasia    | + + + + + A + + + + + + + +     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 88              |  |
| Infiltration Cellular, Lymphocyte |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 18 2.3<br>2 1.5 |  |
| Parathyroid Gland                 | + + M + M + M M M + + + + + +   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 68              |  |
| Pituitary Gland                   | + + + + + + + + I + + + + + + + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 86              |  |
| Pars Distalis, Angiectasis        | 2                               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 1 2.0           |  |
| Pars Distalis, Cyst               |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 3               |  |
| Pars Distalis, Hyperplasia, Focal |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 1 2.0           |  |
| Thyroid Gland                     | + + + + + + + + + + + + + + +   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 89              |  |
| <b>GENERAL BODY SYSTEM</b>        |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                 |  |
| Peritoneum                        |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 1               |  |
| <b>GENITAL SYSTEM</b>             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  |                 |  |
| Coagulating Gland                 |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 2               |  |
| Cyst                              |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 2               |  |
| Epididymis                        | + + + + + + + + + + + + + + +   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 90              |  |
| Granuloma Sperm                   |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 1 3.0           |  |
| Infiltration Cellular, Lymphocyte |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 29 1.1          |  |
| Preputial Gland                   | + + + + + + + + + + + + + + +   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 89              |  |
| Infiltration Cellular, Lymphocyte | 2                               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 43 1.6          |  |
| Inflammation, Suppurative         |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                  |                  | 1 3.0           |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                  | 0 W/kg                            | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | * TOTALS |
|-----------------------------------|-----------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----------|
|                                   |                                   |             | 0<br>7<br>0<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>6 | 0<br>3<br>9<br>3 | 0<br>7<br>2<br>3 | 0<br>4<br>2<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |          |          |
| ANIMAL ID                         |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |          |
|                                   | Inflammation, Chronic Active      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
|                                   | Bilateral, Duct, Dilation         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6 2.2    |          |
|                                   | Duct, Dilation                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 3.0   |          |
|                                   | Duct, Necrosis                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
|                                   | Prostate                          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
|                                   | Infiltration Cellular, Lymphocyte |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 1.3    |          |
|                                   | Inflammation, Chronic Active      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
|                                   | Seminal Vesicle                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
|                                   | Dilation                          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.8    |          |
|                                   | Inflammation, Chronic Active      |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
|                                   | Bilateral, Dilation               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 27 2.4   |          |
|                                   | Testis                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
|                                   | Germ Cell, Degeneration           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.0    |          |
| <b>HEMATOPOIETIC SYSTEM</b>       |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |
| Bone Marrow                       |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90               |          |          |
| Hypercellularity                  |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.7            |          |          |
| Lymph Node                        |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6                |          |          |
| Renal, Hemorrhage                 |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |          |          |
| Lymph Node, Mandibular            |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 72               |          |          |
| Hyperplasia, Lymphoid             |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.0            |          |          |
| Infiltration Cellular, Histiocyte |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |          |          |
| Lymph Node, Mesenteric            |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 85               |          |          |
| Erythrophagocytosis               |                                   |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |          |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                  | 0 W/kg                             | DAY ON TEST                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | * TOTALS |
|-----------------------------------|------------------------------------|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----------|
|                                   |                                    |                                 | 0<br>7<br>0<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>6 | 0<br>3<br>9<br>3 | 0<br>7<br>2<br>3 | 0<br>4<br>2<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |          |          |
| ANIMAL ID                         |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |          |
|                                   | Hemorrhage                         | 3                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 1.8   |          |
|                                   | Hyperplasia, Lymphoid              |                                 | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.5    |          |
|                                   | Infiltration Cellular, Histiocyte  |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8 2.4    |          |
|                                   | Infiltration Cellular, Plasma Cell |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
|                                   | Spleen                             | + + + + + + + + + + + + + + +   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 87       |          |
|                                   | Extramedullary Hematopoiesis       | 3                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 15 2.2   |          |
|                                   | Hyperplasia, Lymphoid              |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 2.2    |          |
|                                   | Thymus                             | M + + M + + + + + + + + + + +   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 75       |          |
|                                   | Atrophy                            |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 11 3.3   |          |
|                                   | Cyst                               |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 11       |          |
|                                   | Hemorrhage                         |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
| <b>INTEGUMENTARY SYSTEM</b>       |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |
| Mammary Gland                     |                                    | M M M M M M M M + M M M M M M M |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |          |
| Skin                              |                                    | + + + + + + + + + + + + + + +   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
| Infiltration Cellular, Mixed Cell |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |          |
| Ulcer                             |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0    |          |
| <b>MUSCULOSKELETAL SYSTEM</b>     |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |
| Bone                              |                                    | + + + + + + + + + + + + + + +   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
| Skeletal Muscle                   |                                    | + + + + + + + + + + + + + + +   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |          |
| Degeneration                      |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
| Infiltration Cellular, Lymphocyte |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 1.3    |          |
| <b>NERVOUS SYSTEM</b>             |                                    |                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE                               | 0 W/kg | ANIMAL ID | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | <b>* TOTALS</b> |
|------------------------------------------------|--------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------|
|                                                |        |           |             | 07 | 07 | 07 | 07 | 07 | 03 | 07 | 04 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |                 |
| Brain                                          |        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 90              |
| Hemorrhage                                     |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 2 2.0           |
| Infiltration Cellular, Lymphocyte              |        |           |             | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 1 2.0           |
| Mineral                                        |        |           |             | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 79 1.5          |
| Artery, Meninges, Inflammation, Chronic Active |        |           |             | 86 | 88 | 88 | 89 | 89 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 1 2.0           |
| Brain Trigeminal Ganglion                      |        |           |             | M  | +  | +  | M  | +  | +  | +  | M  | +  | +  | M  | +  | +  | +  | +  | M  | 69              |
| Nerve Trigeminal                               |        |           |             | +  | M  | M  | M  | +  | +  | +  | +  | +  | +  | M  | +  | M  | M  | M  | +  | 67              |
| Peripheral Nerve, Sciatic Axon, Degeneration   |        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 89 9 1.1        |
| Spinal Cord                                    |        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 90              |
| Necrosis                                       |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1 1.0           |
| Artery, Meninges, Inflammation, Chronic Active |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1 1.0           |
| <b>RESPIRATORY SYSTEM</b>                      |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                 |
| Lung                                           |        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 90              |
| Congestion                                     |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 2 2.5           |
| Hemorrhage                                     |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 3 2.0           |
| Infiltration Cellular, Histiocyte              |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 6 2.0           |
| Infiltration Cellular, Lymphocyte              |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1 2.0           |
| Alveolar Epithelium, Hyperplasia, Focal        |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 6 1.8           |
| Bronchiole, Foreign Body                       |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1               |
| Bronchiole, Inflammation, Suppurative          |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1 2.0           |
| Nose                                           |        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 90              |
| Inflammation, Acute                            |        |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1 2.0           |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |        | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |       |
|-----------------------------------|--------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|-------|
|                                   |        | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |       |
| B6C3F1 MICE MALE                  | 0 W/kg |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |       |
|                                   |        | 0<br>7<br>0<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>6 | 0<br>3<br>9<br>3 | 0<br>7<br>2<br>3 | 0<br>4<br>2<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>1 | 0<br>7<br>3<br>9 | 0<br>7<br>2<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>4 | 0<br>0<br>0<br>0 | 87       | 3 2.0 |
| Urinary Bladder                   |        | A                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | 1                | 26 1.3   |       |
| Hemorrhage                        |        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |       |
| Infiltration Cellular, Lymphocyte |        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |       |
|                                   |        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

## I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

Heart

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* = Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg                    | DAY ON TEST<br>ANIMAL ID | males<br>(cont...) |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
|-------------------------------------------------|--------------------------|--------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|
|                                                 |                          | 07<br>63<br>38     | 06<br>63<br>77 | 05<br>37<br>02 | 07<br>36<br>21 | 03<br>63<br>44 | 07<br>23<br>93 | 07<br>22<br>63 | 07<br>33<br>80 | 07<br>29<br>00 | 07<br>32<br>90 | 06<br>62<br>77 | 06<br>29<br>72 | 07<br>32<br>21 | 07<br>31<br>66 | 07<br>33<br>66 |   |
| Testis<br>Germ Cell, Degeneration               |                          | +                  | +              | +              | +              | +              | +              | +              | +              | A              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |   |
|                                                 |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 2 |
| <b>HEMATOPOIETIC SYSTEM</b>                     |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Bone Marrow                                     |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |   |
| Lymph Node<br>Iliac, Erythrophagocytosis        |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Iliac, Hemorrhage                               |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Iliac, Hyperplasia, Lymphoid                    |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Iliac, Infiltration Cellular, Histiocyte        |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Mediastinal, Infiltration Cellular, Plasma Cell |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Lymph Node, Mandibular<br>Hemorrhage            |                          | M                  | M              | +              | M              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | M              |   |
| Lymph Node, Mesenteric<br>Erythrophagocytosis   |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | I              |   |
| Hemorrhage                                      |                          | 3                  | 2              |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 2 |
| Hyperplasia, Lymphoid                           |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 2 |
| Infiltration Cellular, Histiocyte               |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 2 |
| Infiltration Cellular, Mixed Cell               |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 2 |
| Infiltration Cellular, Plasma Cell              |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |
| Spleen<br>Extramedullary Hematopoiesis          |                          | +                  | +              | +              | +              | +              | A              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |   |
| Hyperplasia, Lymphoid                           |                          | 3                  | 2              |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | 3 |
| Thymus                                          |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 2.5 W/kg | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |  |  |  | males<br>(cont...) |
|------------------|----------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|--|--|--------------------|
|                  |          |             | 00<br>00<br>22<br>11<br>11 | 00<br>00<br>22<br>11<br>23 | 00<br>00<br>22<br>11<br>56 | 00<br>00<br>22<br>11<br>77 | 00<br>00<br>22<br>11<br>90 | 00<br>00<br>22<br>11<br>01 | 00<br>00<br>22<br>11<br>34 | 00<br>00<br>22<br>11<br>56 | 00<br>00<br>22<br>11<br>70 | 00<br>00<br>22<br>11<br>47 | 00<br>00<br>22<br>11<br>25 | 00<br>00<br>22<br>11<br>67 | 00<br>00<br>22<br>11<br>01 | 00<br>00<br>22<br>11<br>52 | 00<br>00<br>22<br>11<br>55 | 00<br>00<br>22<br>11<br>67 | 00<br>00<br>22<br>11<br>78 | 00<br>00<br>22<br>11<br>89 | 00<br>00<br>22<br>11<br>40 | 00<br>00<br>22<br>11<br>23 |  |  |  |  |                    |
| ANIMAL ID        |          |             | 00<br>00<br>22<br>11<br>11 | 00<br>00<br>22<br>11<br>23 | 00<br>00<br>22<br>11<br>56 | 00<br>00<br>22<br>11<br>77 | 00<br>00<br>22<br>11<br>90 | 00<br>00<br>22<br>11<br>01 | 00<br>00<br>22<br>11<br>34 | 00<br>00<br>22<br>11<br>56 | 00<br>00<br>22<br>11<br>70 | 00<br>00<br>22<br>11<br>47 | 00<br>00<br>22<br>11<br>25 | 00<br>00<br>22<br>11<br>67 | 00<br>00<br>22<br>11<br>01 | 00<br>00<br>22<br>11<br>52 | 00<br>00<br>22<br>11<br>55 | 00<br>00<br>22<br>11<br>67 | 00<br>00<br>22<br>11<br>78 | 00<br>00<br>22<br>11<br>89 | 00<br>00<br>22<br>11<br>40 | 00<br>00<br>22<br>11<br>23 |  |  |  |  |                    |
| Atrophy          |          |             | 3                          |                            | 3                          |                            | 4                          |                            |                            | 2                          |                            | X                          | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |  |  |  |                    |
| Cyst             |          |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |  |  |  |                    |
| Hemorrhage       |          |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |  |  |  |                    |

### INTEGUMENTARY SYSTEM

|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                 | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |   |
| Skin                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hyperkeratosis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation, Chronic         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ulcer                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |
| Epidermis, Hyperplasia, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### MUSCULOSKELETAL SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skeletal Muscle     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Inflammation, Acute |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### NERVOUS SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hemorrhage                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Acute       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineral                   | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |  |
| Brain Trigeminal Ganglion | + | + | + | M | M | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg      |   | DAY ON TEST | males<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                   |   |             | males<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ANIMAL ID                         | 0 | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                   | 0 | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                   | 2 | 2           | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                                   | 1 | 1           | 1                  | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
|                                   | 1 | 2           | 3                  | 5 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 5 | 6 | 7 | 0 | 1 | 2 | 5 | 6 | 7 | 8 | 9 |
|                                   | 1 | 2           | 3                  | 5 | 6 | 7 | 9 | 0 | 1 | 3 | 4 | 5 | 6 | 7 | 0 | 1 | 2 | 5 | 6 | 7 | 8 | 9 |
| Infiltration Cellular, Lymphocyte |   | 1           | 1                  | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 2 |

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg |   | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | males<br>(cont...) |
|------------------------------|---|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
|                              |   |             | 077       | 066 | 077 | 066 | 077 | 066 | 077 | 077 | 077 | 077 | 066 | 066 | 055 | 077 | 077 | 077 | 066 | 077 | 077 | 077 |                    |
|                              |   |             | 333       | 133 | 311 | 333 | 133 | 311 | 333 | 133 | 311 | 360 | 171 | 710 | 101 | 171 | 101 | 191 | 371 | 371 | 371 | 291 |                    |
|                              |   |             | 333       | 133 | 311 | 333 | 133 | 311 | 333 | 133 | 311 | 360 | 171 | 710 | 101 | 171 | 101 | 191 | 371 | 371 | 371 | 291 |                    |
| 0                            | 0 | 0           | 0         | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |                    |
| 0                            | 0 | 0           | 0         | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |                    |
| 2                            | 2 | 2           | 2         | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   |                    |
| 4                            | 4 | 4           | 4         | 4   | 4   | 4   | 4   | 5   | 5   | 5   | 5   | 5   | 5   | 5   | 5   | 6   | 6   | 6   | 6   | 6   | 6   | 7   |                    |
| 4                            | 5 | 6           | 7         | 8   | 9   | 0   | 1   | 2   | 3   | 4   | 5   | 5   | 7   | 8   | 9   | 0   | 1   | 2   | 3   | 4   | 5   | 6   |                    |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|  |  | B6C3F1 MICE MALE                     |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |  |  |  |  |  |
|--|--|--------------------------------------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--|--|--|--|--|
|  |  | 2.5 W/kg                             | ANIMAL ID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>7<br>3<br>3 | 0<br>7<br>1<br>8 | 0<br>6<br>3<br>8 | 0<br>7<br>3<br>7 | 0<br>6<br>3<br>3 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>6<br>5<br>9 | 0<br>6<br>2<br>3 | 0<br>5<br>7<br>3 | 0<br>7<br>3<br>7 | 0<br>6<br>5<br>7 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>9 | 0<br>7<br>2<br>9 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  |                                      |           | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>7 |                    |  |  |  |  |  |
|  |  | Hepatocyte, Fatty Change, Focal      |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Mesentery                            |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Artery, Inflammation, Chronic Active |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Fat, Hemorrhage                      |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Fat, Necrosis                        |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Pancreas                             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Infiltration Cellular, Lymphocyte    |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Acinus, Atrophy                      |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Duct, Cyst                           |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | X                                    |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Salivary Glands                      |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Infiltration Cellular, Lymphocyte    |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Stomach, Forestomach                 |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Hyperkeratosis                       |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Epithelium, Hyperplasia, Focal       |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Epithelium, Hyperplasia, Diffuse     |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Stomach, Glandular                   |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Accumulation, Hyaline Droplet        |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Tooth                                |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |
|  |  | Dysplasia                            |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg                                                                                                                                                                         | DAY ON TEST<br>ANIMAL ID | males<br>(cont...) |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|---|---|
|                                                                                                                                                                                                      |                          | 07<br>33<br>33     | 06<br>11<br>88 | 07<br>33<br>73 | 06<br>33<br>63 | 07<br>43<br>01 | 07<br>33<br>17 | 07<br>33<br>00 | 07<br>23<br>10 | 06<br>52<br>93 | 06<br>09<br>11 | 05<br>23<br>37 | 07<br>37<br>67 | 07<br>37<br>30 | 06<br>53<br>29 | 07<br>63<br>29 | 07<br>52<br>29 | 07<br>22<br>93 | 07<br>22<br>77 | 07<br>22<br>77 | 07<br>22<br>77 | 07<br>22<br>77 | 07<br>22<br>77 | 07<br>22<br>77 |   |   |   |
| Testis<br>Germ Cell, Degeneration                                                                                                                                                                    |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |   |   |   |
| <b>HEMATOPOIETIC SYSTEM</b>                                                                                                                                                                          |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   |   |   |
| Bone Marrow                                                                                                                                                                                          |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | I              | +              | +              | +              | +              | +              | +              | +              | + |   |   |
| Lymph Node<br>Iliac, Erythrophagocytosis<br>Iliac, Hemorrhage<br>Iliac, Hyperplasia, Lymphoid<br>Iliac, Infiltration Cellular, Histiocyte<br>Mediastinal, Infiltration Cellular, Plasma Cell         |                          |                    |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                | +              | +              |                | +              | +              |                |                |   |   |   |
| Lymph Node, Mandibular<br>Hemorrhage                                                                                                                                                                 |                          | +                  | M              | +              | +              | +              | M              | +              | +              | +              | +              | +              | +              | +              | +              | M              | M              | +              | +              | +              | +              | +              | M              | +              | M | + | M |
| Lymph Node, Mesenteric<br>Erythrophagocytosis<br>Hemorrhage<br>Hyperplasia, Lymphoid<br>Infiltration Cellular, Histiocyte<br>Infiltration Cellular, Mixed Cell<br>Infiltration Cellular, Plasma Cell |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | M              | +              | +              | +              | +              | +              | +              | M              | +              | M | + | + |
| Spleen<br>Extramedullary Hematopoiesis<br>Hyperplasia, Lymphoid                                                                                                                                      |                          | +                  | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | + | + | + |
| Thymus                                                                                                                                                                                               |                          | +                  | +              | +              | +              | M              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 2.5 W/kg | DAY ON TEST | males<br>(cont...) |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|------------------|----------|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                  |          |             | 073338             | 063188 | 073373 | 063173 | 073360 | 063170 | 073371 | 063170 | 073371 | 063170 | 063190 | 052330 | 073370 | 073370 | 073370 | 063290 | 073370 | 073370 | 073370 | 073370 | 073370 | 073370 | 073370 | 073370 | 073370 |
| ANIMAL ID        | 002244   | 002244      | 002244             | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 | 002244 |
|                  | Atrophy  |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Cyst             | X        |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Hemorrhage       |          |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

### INTEGUMENTARY SYSTEM

|                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                 | M | M | M | M | M | M | + | M | + | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M |   |
| Skin                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hyperkeratosis                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inflammation, Chronic         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ulcer                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 |
| Epidermis, Hyperplasia, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### MUSCULOSKELETAL SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + |  |
| Skeletal Muscle     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Inflammation, Acute |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Necrosis            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### NERVOUS SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemorrhage          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Inflammation, Acute |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |
| Mineral             | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 |   |   |

Brain Trigeminal Ganglion + + M + + + + + + + + + + + + + + M + + + + + + + + + M

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 3) Moderate
- 2) Mild
- 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg | DAY ON TEST<br>ANIMAL ID | males<br>(cont...) |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|------------------------------|--------------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                              |                          | 073338             | 063188 | 073373 | 063173 | 073360 | 063160 | 073350 | 063150 | 073340 | 063140 | 073330 | 063130 | 073320 | 063120 | 073310 | 063110 | 073300 | 063100 | 073390 | 063190 | 073380 | 063180 | 073370 | 063170 | 073360 | 063160 |        |
|                              |                          | 000224             | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 | 000224 |        |        |
|                              |                          | 000456             | 000678 | 000789 | 000123 | 000234 | 000345 | 000456 | 000567 | 000678 | 000789 | 000890 | 000901 | 000023 | 000123 | 000234 | 000345 | 000456 | 000567 | 000678 | 000789 | 000890 | 000901 | 000023 | 000123 | 000234 | 000345 | 000456 |
|                              |                          |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Nerve Trigeminal

Peripheral Nerve, Sciatic  
 Axon, Degeneration

Spinal Cord  
 Degeneration  
 Hemorrhage  
 Necrosis

+ M + + M + + M M + M + + + M + + + M + M + M M M M

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

1

1

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

1

2

### RESPIRATORY SYSTEM

Lung

Congestion

Hemorrhage

Infiltration Cellular, Histiocyte

Inflammation, Chronic Active

Alveolar Epithelium, Hyperplasia, Focal

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

2

1

2

1

1

2

2

Nose

Trachea

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

### SPECIAL SENSES SYSTEM

Eye

Phthisis Bulbi

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Harderian Gland

Hyperplasia, Focal

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |  | DAY ON TEST | males<br>(cont...) |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |
|-----------------------------------|--|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| B6C3F1 MICE MALE                  |  |             | 073338             | 073318 | 063188 | 073373 | 063173 | 073363 | 063073 | 073371 | 063071 | 073362 | 063091 | 052331 | 073731 | 073736 | 073737 | 063529 | 073291 | 073299 | 073297 | 073297 | 073297 | 073297 | 073297 |        |  |
|                                   |  | ANIMAL ID   | 002444             | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 | 002444 |  |
| Infiltration Cellular, Lymphocyte |  |             | 2                  | 1      |        | 2      |        |        | 1      | 1      | 1      |        | 1      |        |        | 2      | 1      |        |        |        |        |        |        |        |        |        |  |

## URINARY SYSTEM

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Kidney                                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Bacteria                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infarct                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Histiocyte                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Mixed Cell                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Acute                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Metaplasia, Osseous                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineral                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nephropathy, Chronic Progressive                 | 1 | 1 |   | 1 | 1 |   | 1 | 1 |   | 1 | 1 | 1 | 1 | 1 |   |   |   |   |   | 1 | 1 | 1 | 1 | 1 | 2 | 1 |  |
| Bilateral, Bacteria                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |  |
| Bilateral, Inflammation, Acute                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |  |
| Bilateral, Renal Tubule, Pigment                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Interstitial, Infiltration Cellular, Lymphocyte  | 2 | 2 |   | 1 | 2 |   | 2 |   | 2 | 2 | 2 | 2 |   |   |   |   | 1 |   |   | 1 | 1 | 2 |   |   | 2 |   |  |
| Renal Tubule, Bacteria                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |  |
| Renal Tubule, Cyst                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Urinary Bladder                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Infiltration Cellular, Lymphocyte                |   |   |   |   |   | 1 |   |   | 1 |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Acute                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Inflammation, Chronic Active                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Transitional Epithelium, Hyperplasia, Diffuse    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Transitional Epithelium, Hyperplasia, Multifocal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                     | 2.5 W/kg | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | males<br>(cont...) |   |
|--------------------------------------|----------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------|---|
|                                      |          |             | 0737 | 0547 | 0723 | 0203 | 0329 | 0729 | 0738 | 0300 | 0828 | 0200 | 0626 | 0732 | 0526 | 0731 | 0303 | 0222 | 0738 | 0526 | 0732 | 0723 | 0722 | 0721 | 0737 | 0723 | 0722 | 0721               |   |
| ANIMAL ID                            | 0022     | 0022        | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022 | 0022               |   |
| Hepatocyte, Fatty Change, Focal      |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |   |
| Mesentery                            |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | +                  |   |
| Artery, Inflammation, Chronic Active |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |   |
| Fat, Hemorrhage                      |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |   |
| Fat, Necrosis                        |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |   |
| Pancreas                             |          |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |   |
| Infiltration Cellular, Lymphocyte    |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    |   |
| Acinus, Atrophy                      |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 2 |
| Duct, Cyst                           |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 1 |
| Salivary Glands                      |          |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |   |
| Infiltration Cellular, Lymphocyte    |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 1 |
| Stomach, Forestomach                 |          |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |   |
| Hyperkeratosis                       |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 2 |
| Epithelium, Hyperplasia, Focal       |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | A |
| Epithelium, Hyperplasia, Diffuse     |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | + |
| Stomach, Glandular                   |          |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                  |   |
| Accumulation, Hyaline Droplet        |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 2 |
| Tooth                                |          |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 3                  |   |
| Dysplasia                            |          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                    | 3 |

### CARDIOVASCULAR SYSTEM

Aorta

+

Heart

+

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

Bacteria  
Cardiomyopathy  
Inflammation, Chronic Active  
Thrombus  
Artery, Inflammation, Cholesterol  
Endothelium, Hyperplasia  
Myocardium, Hemorrhage  
Myocardium, Mineral  
Myocardium, Necrosis

1

# **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE<br>2.5 W/kg                    | DAY ON TEST<br>ANIMAL ID | males<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-------------------------------------------------|--------------------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|                                                 |                          | 0737               | 0547 | 0723 | 0203 | 0393 | 0720 | 0333 | 0333 | 0800 | 0820 | 0626 | 0672 | 0736 | 0731 | 0303 | 0222 | 0738 | 0564 | 0732 | 0733 | 0722 | 0721 | 0732 | 0733 | 0722 | 0721 |
| Testis<br>Germ Cell, Degeneration               |                          | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |
| <b>HEMATOPOIETIC SYSTEM</b>                     |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Bone Marrow                                     |                          | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |
| Lymph Node<br>Iliac, Erythrophagocytosis        |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | +    |      | +    |      |      |      |      |      |      |      |      |
| Iliac, Hemorrhage                               |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |      |
| Iliac, Hyperplasia, Lymphoid                    |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |
| Iliac, Infiltration Cellular, Histiocyte        |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |
| Mediastinal, Infiltration Cellular, Plasma Cell |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |
| Lymph Node, Mandibular<br>Hemorrhage            |                          | +                  | +    | +    | +    | +    | +    | M    | +    | +    | M    | +    | M    | M    | M    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |
| Lymph Node, Mesenteric<br>Erythrophagocytosis   |                          | +                  | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |
| Hemorrhage                                      |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |      |
| Hyperplasia, Lymphoid                           |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |      |
| Infiltration Cellular, Histiocyte               |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |      |
| Infiltration Cellular, Mixed Cell               |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2    |      |      |      |      |      |      |      |
| Infiltration Cellular, Plasma Cell              |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3    |      |      |      |      |      |      |      |      |      |
| Spleen<br>Extramedullary Hematopoiesis          |                          | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |      |
| Hyperplasia, Lymphoid                           |                          |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 3    | 2    |      |      |      |      |      |      |      |      |      |
| Thymus                                          |                          | +                  | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    |      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

# **NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE | 2.5 W/kg | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|------------------|----------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                  |          |             | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>6<br>0<br>1 | 0<br>7<br>3<br>2 | 0<br>6<br>9<br>4 | 0<br>0<br>0<br>0 |
| ANIMAL ID        | * TOTALS |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                |
|                  | 3        | 3           | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |
|                  | 0        | 1           | 2                | 3                | 5                | 6                | 7                | 8                | 9                | 0                | 1                | 2                | 3                | 4                | 5                |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

### ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                            | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | 87     |
| Gallbladder                          | + | M | + | + | + | + | + | + | + | + | A | M | + | M | + |   | 66     |
| Inflammation, Acute                  |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | A | A | + | + | + |   |   | 77     |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | A | + | + | + |   |   |   | 83     |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   | 85     |
| Intestine Small, Duodenum            | + | + | + | + | + | + | + | + | + | A | + | + | + |   |   |   | 77     |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | A | + | + | + |   |   |   | 79     |
| Peyer's Patch, Hyperplasia, Lymphoid |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | A | + | + | + |   |   |   | 79     |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   | 89     |
| Basophilic Focus                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2      |
| Clear Cell Focus                     | X |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   | 34     |
| Eosinophilic Focus                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Extramedullary Hematopoiesis         | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.0  |
| Fatty Change                         | 2 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 31 2.2 |
| Inflammation, Focal                  | 1 |   |   |   |   |   |   |   |   | 3 | 2 | 2 | 2 | 2 |   |   | 1 1.0  |
| Mixed Cell Focus                     |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   | 3      |
| Necrosis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 3.0  |
| Bile Duct, Cyst                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE             | 2.5 W/kg                             | DAY ON TEST |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | * TOTALS |
|------------------------------|--------------------------------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|
|                              |                                      |             | 0737603761 | 0737603762 | 0737603763 | 0737603764 | 0737603765 | 0737603766 | 0737603767 | 0737603768 | 0737603769 | 0737603760 | 0737603761 | 0737603762 | 0737603763 | 0737603764 | 0737603765 |          |
| ANIMAL ID                    |                                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | * TOTALS |
|                              | Hepatocyte, Fatty Change, Focal      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 1.0    |
|                              | Mesentery                            |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 14       |
|                              | Artery, Inflammation, Chronic Active |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 2.0    |
|                              | Fat, Hemorrhage                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 3.0    |
|                              | Fat, Necrosis                        |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 11 2.8   |
|                              | Pancreas                             |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 88       |
|                              | Infiltration Cellular, Lymphocyte    |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 5 1.4    |
|                              | Acinus, Atrophy                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 3.0    |
|                              | Duct, Cyst                           |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 2        |
|                              | Salivary Glands                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 89       |
|                              | Infiltration Cellular, Lymphocyte    |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 59 1.6   |
|                              | Stomach, Forestomach                 |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 87       |
|                              | Hyperkeratosis                       |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 2.0    |
|                              | Epithelium, Hyperplasia, Focal       |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 2 2.5    |
|                              | Epithelium, Hyperplasia, Diffuse     |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 1 2.0    |
|                              | Stomach, Glandular                   |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 86       |
|                              | Accumulation, Hyaline Droplet        |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 2 2.0    |
|                              | Tooth                                |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 26       |
|                              | Dysplasia                            |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            | 26 2.6   |
| <b>CARDIOVASCULAR SYSTEM</b> |                                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |          |
| Aorta                        |                                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |          |
| Heart                        |                                      |             |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 2.5 W/kg | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |     |
|------------------|----------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|-----|
|                  |          |             | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>6<br>0<br>1 | 0<br>7<br>3<br>2 | 0<br>6<br>9<br>4 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>6<br>6<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>3 |   |          |     |
| ANIMAL ID        |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |     |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 |          | 2   |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 |          | 1.5 |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 |          | 2.0 |
|                  | 3        | 3           | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3                | 3 |          | 3.0 |
|                  | 0        | 0           | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 1                | 1                | 1                | 1                | 1                | 1 |          | 1.5 |
|                  | 0        | 1           | 2                | 3                | 5                | 6                | 7                | 8                | 9                | 0                | 1                | 2                | 3                | 4                | 5 |          | 1.0 |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 2.0 |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 2.0 |
|                  |          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 1.5 |

1

|                                      |       |
|--------------------------------------|-------|
| Bacteria                             | 2     |
| Cardiomyopathy                       | 2 1.5 |
| Inflammation, Chronic Active         | 2 2.0 |
| Thrombus                             | 2 3.0 |
| Artery, Inflammation, Chronic Active | 2 1.5 |
| Endothelium, Hyperplasia             | 1 1.0 |
| Myocardium, Hemorrhage               | 1 2.0 |
| Myocardium, Mineral                  | 2 1.5 |
| Myocardium, Necrosis                 | 2 2.0 |

### ENDOCRINE SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Adrenal Cortex                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |
| Hyperplasia, Focal                |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   | 1 2.0  |
| Hypertrophy, Focal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8 1.9  |
| Bilateral, Hypertrophy, Focal     | 2 |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 5 2.0  |
| Subcapsular, Hyperplasia          | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 2 |   | 72 1.7 |
| Adrenal Medulla                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 88     |
| Islets, Pancreatic                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 88     |
| Hyperplasia                       | 2 |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   | 20 2.4 |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   | 3 | 3 | 3 | 4 |   |   |   | 1 1.0  |
| Parathyroid Gland                 | + | M | + | M | M | + | M | + | + | + | M | + | + | + | + |   | 68     |
| Cyst                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2      |
| Pituitary Gland                   | + | + | + | + | + | + | + | + | + | + | X |   |   |   |   |   | 85     |
| Pars Distalis, Cyst               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Pars Distalis, Hyperplasia, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.5  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE     | 2.5 W/kg  | DAY ON TEST                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        | * TOTALS |
|----------------------|-----------|-------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|----------|
|                      |           |                                                 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>7<br>0<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>7 | 0<br>6<br>9<br>4 | 0<br>6<br>0<br>0 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>6<br>6<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>3 |        |          |
| HEMATOPOIETIC SYSTEM | ANIMAL ID |                                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |          |
|                      |           | Testis                                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88     |          |
|                      |           | Germ Cell, Degeneration                         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Bone Marrow                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88     |          |
|                      |           | Lymph Node                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8      |          |
|                      |           | Iliac, Erythrophagocytosis                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Iliac, Hemorrhage                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Iliac, Hyperplasia, Lymphoid                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Iliac, Infiltration Cellular, Histiocyte        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0  |          |
|                      |           | Mediastinal, Infiltration Cellular, Plasma Cell |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Lymph Node, Mandibular                          | +                | +                | M                | M                | +                | +                | +                | M                | M                | M                | +                | +                | +                | +                | 61     |          |
|                      |           | Hemorrhage                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0  |          |
|                      |           | Lymph Node, Mesenteric                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | 82     |          |
|                      |           | Erythrophagocytosis                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 2.2  |          |
|                      |           | Hemorrhage                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 11 2.0 |          |
|                      |           | Hyperplasia, Lymphoid                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0  |          |
|                      |           | Infiltration Cellular, Histiocyte               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 7 2.1  |          |
|                      |           | Infiltration Cellular, Mixed Cell               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0  |          |
|                      |           | Infiltration Cellular, Plasma Cell              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0  |          |
|                      |           | Spleen                                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 88     |          |
|                      |           | Extramedullary Hematopoiesis                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 15 2.3 |          |
|                      |           | Hyperplasia, Lymphoid                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.5  |          |
|                      |           | Thymus                                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | M                | +                | +                | 83     |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

|             |           | B6C3F1 MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|-----------|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             |           | 2.5 W/kg         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DAY ON TEST | ANIMAL ID | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             |           | 7                | 7 | 7 | 6 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 |
|             |           | 3                | 3 | 3 | 0 | 3 | 3 | 7 | 9 | 3 | 2 | 2 | 6 | 3 | 2 | 3 |
|             |           | 7                | 6 | 1 | 7 | 2 | 7 | 4 | 0 | 0 | 9 | 6 | 3 | 2 | 9 | 3 |
|             |           | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             |           | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             |           | 3                | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|             |           | 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|             |           | 0                | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |
|             |           | * TOTALS         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|             |           |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                             | 2.5 W/kg | DAY ON TEST | ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|----------------------------------------------|----------|-------------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                              |          |             |           | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>6 | 0<br>7<br>0<br>1 | 0<br>6<br>3<br>2 | 0<br>7<br>7<br>7 | 0<br>6<br>9<br>4 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>6<br>2<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>3 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |          |
| Nerve Trigeminal                             |          |             |           | +                | M                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | M                | +                | 53       |
| Peripheral Nerve, Sciatic Axon, Degeneration |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
|                                              |          |             |           |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  | 9 1.1    |
| Spinal Cord Degeneration                     |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Hemorrhage                                   |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| Necrosis                                     |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| <b>RESPIRATORY SYSTEM</b>                    |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Lung                                         |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Congestion                                   |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0    |
| Hemorrhage                                   |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 1.6    |
| Infiltration Cellular, Histiocyte            |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| Inflammation, Chronic Active                 |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |
| Alveolar Epithelium, Hyperplasia, Focal      |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8 1.6    |
| Nose                                         |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Trachea                                      |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| <b>SPECIAL SENSES SYSTEM</b>                 |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Eye                                          |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Phthisis Bulbi                               |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |
| X .. Lesion present                          |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
| Harderian Gland                              |          |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89       |
| Hyperplasia, Focal                           |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| 2                                            |          |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

|                                   |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |        |  |
|-----------------------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--------|--|
|                                   |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |        |  |
| B6C3F1 MICE MALE                  |   | 2.5 W/kg    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |        |  |
| 7                                 | 7 | 7           | 6 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7        |        |  |
| 3                                 | 3 | 3           | 0 | 3 | 3 | 7 | 9 | 3 | 2 | 2 | 2 | 6 | 3 | 2 | 2 | 3 | 3        |        |  |
| 7                                 | 6 | 1           | 7 | 2 | 7 | 4 | 0 | 0 | 9 | 6 | 3 | 2 | 9 | 3 | 2 | 3 | 3        |        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |        |  |
| 3                                 | 3 | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        |        |  |
| 0                                 | 1 | 2           | 3 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |   |   |          |        |  |
| Infiltration Cellular, Lymphocyte |   | 2           |   |   |   | 1 |   |   |   | 1 |   |   |   | 2 |   |   |          | 36 1.3 |  |

### URINARY SYSTEM

|                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |        |
|--------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--------|
| Kidney                                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |        |
| Bacteria                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1      |
| Infarct                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 1.8  |
| Infiltration Cellular, Histiocyte                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0  |
| Infiltration Cellular, Mixed Cell                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0  |
| Inflammation, Acute                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Metaplasia, Osseous                              |   |   | X |   |   |   |   |   |   | X |   | X |   |   |   |   |    | 6      |
| Mineral                                          | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 1.0  |
| Nephropathy, Chronic Progressive                 | 1 | 1 | 1 |   | 1 | 3 |   | 1 | 1 | 2 |   |   |   | 3 | 2 | 1 |    | 66 1.4 |
| Bilateral, Bacteria                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1      |
| Bilateral, Inflammation, Acute                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Bilateral, Renal Tubule, Pigment                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Interstitial, Infiltration Cellular, Lymphocyte  | 1 | 1 |   | 2 |   |   |   | 1 |   |   |   |   |   |   |   |   |    | 50 1.6 |
| Renal Tubule, Bacteria                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1      |
| Renal Tubule, Cyst                               |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 3      |
| Urinary Bladder                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88 |        |
| Infiltration Cellular, Lymphocyte                |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |   |    | 20 1.3 |
| Inflammation, Acute                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Inflammation, Chronic Active                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 2.0  |
| Transitional Epithelium, Hyperplasia, Diffuse    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 3.0  |
| Transitional Epithelium, Hyperplasia, Multifocal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

## Cell Phone Radiation: GSM

**Time Report Requested:** 12:30:15

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADGSM

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

Lab: IIT

| DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                    |
| 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6                  |
| 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 3                  |
| 6           | 9 | 7 | 9 | 8 | 3 | 7 | 6 | 2 | 0 | 1 | 0 | 9 | 9 | 3 | 2 | 9 | 1 | 9 | 7 | 6 | 7                  |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
| 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4                  |
| 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4                  |
| 1           | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1                  |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |  | DAY ON TEST | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>4 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>7 | 0<br>6             |   |   |   |  |
|-----------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|---|---|---|--|
|                                   |  | ANIMAL ID   | 0<br>0<br>4<br>2<br>1 | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>2<br>3 | 0<br>0<br>4<br>2<br>5 | 0<br>0<br>4<br>2<br>7 | 0<br>0<br>4<br>2<br>8 | 0<br>0<br>4<br>2<br>9 | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | males<br>(cont...) |   |   |   |  |
| <b>B6C3F1 MICE MALE</b>           |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| <b>5 W/kg</b>                     |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Bile Duct, Cyst                   |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Mesentery                         |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  | +                | +                | +                |                  |                  |                    |   |   |   |  |
| Fat, Mineral                      |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Fat, Necrosis                     |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Pancreas                          |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Infiltration Cellular, Lymphocyte |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Salivary Glands                   |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  | +                | +                | +                | +                | +                | +                  | + | + | + |  |
| Infiltration Cellular, Lymphocyte |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Stomach, Forestomach              |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Cyst, Squamous                    |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Infiltration Cellular, Lymphocyte |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Inflammation, Chronic             |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Epithelium, Hyperplasia, Focal    |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
| Stomach, Glandular                |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  | +                | +                | +                | +                | +                | +                  | + | + | + |  |
| Tooth                             |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  | +                | +                |                  |                  |                  |                    |   |   |   |  |
| Dysplasia                         |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  | 2                | 3                |                  |                  |                  |                    |   |   |   |  |
| Inflammation, Suppurative         |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |
|                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |   |   |   |  |

**CARDIOVASCULAR SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aorta | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X, Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                   | DAY ON TEST | males<br>(cont...)    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
|------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|---|---|
|                                    |             | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>2      | 0<br>6<br>3<br>4      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>6                |   |   |   |
| 5 W/kg                             | ANIMAL ID   | 0<br>0<br>4<br>2<br>1 | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>2<br>3 | 0<br>0<br>4<br>2<br>5 | 0<br>0<br>4<br>2<br>6 | 0<br>0<br>4<br>2<br>7 | 0<br>0<br>4<br>2<br>8 | 0<br>0<br>4<br>2<br>9 | 0<br>0<br>4<br>3<br>0 | 0<br>0<br>4<br>3<br>1 | 0<br>0<br>4<br>3<br>2 | 0<br>0<br>4<br>3<br>3 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>3<br>5 | 0<br>0<br>4<br>3<br>6 | 0<br>0<br>4<br>3<br>7 | 0<br>0<br>4<br>3<br>8 | 0<br>0<br>4<br>3<br>9 | 0<br>0<br>4<br>4<br>0 | 0<br>0<br>4<br>4<br>1 | 0<br>0<br>4<br>4<br>2 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>4 |   |   |   |
| Epididymis                         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |   |   |
| Granuloma Sperm                    |             | 1                     |                       | 1                     |                       | 2                     |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       | 1                     |                       | 1                     |                       |                       |   |   |   |
| Infiltration Cellular, Lymphocyte  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Preputial Gland                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |   |
| Infiltration Cellular, Lymphocyte  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Inflammation, Chronic Active       |             | 2                     |                       | 2                     |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |   | 2 |   |
| Bilateral, Hyperplasia             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   | 2 |
| Bilateral, Duct, Dilation          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Duct, Dilation                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Duct, Inflammation, Chronic Active |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Prostate                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |   |
| Infiltration Cellular, Lymphocyte  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Inflammation, Chronic Active       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Seminal Vesicle                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |   |
| Dilation                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |
| Bilateral, Dilation                |             | 2                     |                       | 2                     |                       | 3                     |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |   | 2 |   |
| Bilateral, Inflammation, Chronic   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   | 3 |
| Testis                             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | + |   |
| Germ Cell, Degeneration            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |   |   |

### HEMATOPOIETIC SYSTEM

Bone Marrow  
 Hypercellularity

+

Lymph Node

+

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

I .. Insufficient tissue

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## INTEGUMENTARY SYSTEM

## Mammary Gland

## Skin Ulcer

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                 |                                   | males<br>(cont...)                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------------------------------|-----------------------------------|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|                                                 |                                   | DAY ON TEST                       | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                                                 |                                   |                                   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |
| <b>B6C3F1 MICE MALE</b>                         | <b>5 W/kg</b>                     | ANIMAL ID                         | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |  |
|                                                 |                                   |                                   | 6 | 9 | 7 | 9 | 8 | 3 | 7 | 6 | 2 | 0 | 1 | 0 | 9 | 9 | 3 | 9 | 2 | 9 | 1 | 7 |  |
| Hemorrhage                                      | Infiltration Cellular, Histiocyte | Infiltration Cellular, Lymphocyte | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                                                 |                                   |                                   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|                                                 |                                   |                                   | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |  |
|                                                 |                                   |                                   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |  |
|                                                 |                                   |                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |  |
| Alveolar Epithelium, Hyperplasia, Focal         |                                   | 3                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mediastinum                                     |                                   | 2                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nose                                            |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Trachea                                         |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>SPECIAL SENSES SYSTEM</b>                    |                                   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Eye                                             |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Phthisis Bulbi                                  |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Optic Nerve, Degeneration                       |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Retina, Degeneration                            |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Harderian Gland                                 |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia, Focal                              |                                   | 2                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Lymphocyte               |                                   | 1                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>URINARY SYSTEM</b>                           |                                   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Kidney                                          |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infarct                                         |                                   | +                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Metaplasia, Osseous                             |                                   | X                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Nephropathy, Chronic Progressive                |                                   | 1                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Interstitial, Infiltration Cellular, Lymphocyte |                                   | 1                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal Tubule, Cyst                              |                                   | 2                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Urinary Bladder

### Infiltration Cellular, Lymphocyte

**males**  
**(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST |                            |                            |                            |                            |                            |                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                  |             | 07<br>38                   | 07<br>21                   | 07<br>19                   | 07<br>23                   | 07<br>29                   | 07<br>11                   | 06<br>06             | 07<br>05             | 07<br>07             | 07<br>06             | 07<br>03             | 07<br>09             | 07<br>11             | 07<br>06             | 07<br>07             | 07<br>01             | 07<br>09             | 07<br>02             | 07<br>07             | 06<br>00             | 07<br>09             |
| 5 W/kg           | ANIMAL ID   | 00<br>04<br>44<br>44<br>68 | 00<br>00<br>44<br>45<br>90 | 00<br>00<br>44<br>55<br>23 | 00<br>00<br>44<br>55<br>34 | 00<br>00<br>44<br>55<br>45 | 00<br>00<br>44<br>55<br>57 | 00<br>00<br>44<br>61 | 00<br>00<br>44<br>62 | 00<br>00<br>44<br>63 | 00<br>00<br>44<br>64 | 00<br>00<br>44<br>65 | 00<br>00<br>44<br>66 | 00<br>00<br>44<br>67 | 00<br>00<br>44<br>68 | 00<br>00<br>44<br>69 | 00<br>00<br>44<br>70 | 00<br>00<br>44<br>71 | 00<br>00<br>44<br>72 | 00<br>00<br>44<br>73 | 00<br>00<br>44<br>74 | 00<br>00<br>44<br>75 |
|                  |             | 00<br>00<br>44<br>44<br>68 | 00<br>00<br>44<br>45<br>90 | 00<br>00<br>44<br>55<br>23 | 00<br>00<br>44<br>55<br>34 | 00<br>00<br>44<br>55<br>45 | 00<br>00<br>44<br>55<br>57 | 00<br>00<br>44<br>61 | 00<br>00<br>44<br>62 | 00<br>00<br>44<br>63 | 00<br>00<br>44<br>64 | 00<br>00<br>44<br>65 | 00<br>00<br>44<br>66 | 00<br>00<br>44<br>67 | 00<br>00<br>44<br>68 | 00<br>00<br>44<br>69 | 00<br>00<br>44<br>70 | 00<br>00<br>44<br>71 | 00<br>00<br>44<br>72 | 00<br>00<br>44<br>73 | 00<br>00<br>44<br>74 | 00<br>00<br>44<br>75 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

#### **Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

Time Report Requested: 12:30:15

**First Dose M/E:** 06/18/12 / 06/18/12

Lab- II T

## CARDIOVASCULAR SYSTEM

Aorta

Heart

Cardiomyopathy  
Myocardium, Miner

\* Total animals with tissue examined

† Tissue examined microscopically

X Lesion present

| Insufficient tissue

with lesion and mean severity grade

M... Missing tissue

#### A Autolysis precludes evaluation

**BLANK** Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                   | DAY ON TEST | males<br>(cont...)         |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
|------------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--|
|                                    |             | 07<br>38                   | 07<br>31                   | 07<br>9                    | 07<br>3                    | 07<br>9                    | 06<br>5                    | 07<br>7              | 07<br>6        | 07<br>0        | 07<br>3        | 07<br>3        | 07<br>9        | 06<br>6        | 07<br>1        | 07<br>7        | 07<br>2        | 07<br>2        | 07<br>9        | 06<br>7        | 07<br>4        | 07<br>2        | 07<br>9        | 07<br>7        | 07<br>9        |  |
| 5 W/kg                             | ANIMAL ID   | 00<br>00<br>44<br>44<br>68 | 00<br>00<br>44<br>44<br>50 | 00<br>00<br>44<br>45<br>52 | 00<br>00<br>44<br>55<br>53 | 00<br>00<br>45<br>55<br>54 | 00<br>00<br>45<br>55<br>57 | 00<br>00<br>45<br>59 | 00<br>00<br>41 | 00<br>00<br>42 | 00<br>00<br>46 | 00<br>00<br>46 | 00<br>00<br>46 | 00<br>00<br>46 | 00<br>00<br>47 | 00<br>00<br>47 | 00<br>00<br>47 | 00<br>00<br>48 |  |
| Epididymis                         |             | +                          | +                          | +                          | +                          | +                          | +                          | +                    | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |  |
| Granuloma Sperm                    |             | 2                          |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Infiltration Cellular, Lymphocyte  |             |                            | 1                          |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Preputial Gland                    |             | +                          | +                          | +                          | +                          | +                          | +                          | +                    | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |  |
| Infiltration Cellular, Lymphocyte  |             | 2                          | 2                          | 1                          | 2                          | 1                          | 2                          | 2                    | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 2              | 1              |  |
| Inflammation, Chronic Active       |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Bilateral, Hyperplasia             |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Bilateral, Duct, Dilation          |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Duct, Dilation                     |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Duct, Inflammation, Chronic Active |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Prostate                           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                    | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |  |
| Infiltration Cellular, Lymphocyte  |             | 1                          |                            | 2                          |                            | 1                          |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Inflammation, Chronic Active       |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Seminal Vesicle                    |             | +                          | +                          | +                          | +                          | +                          | +                          | +                    | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |  |
| Dilation                           |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Bilateral, Dilation                |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Bilateral, Inflammation, Chronic   |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |
| Testis                             |             | +                          | +                          | +                          | +                          | +                          | +                          | +                    | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              | +              |  |
| Germ Cell, Degeneration            |             |                            |                            |                            |                            |                            |                            |                      |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |  |

### HEMATOPOIETIC SYSTEM

Bone Marrow  
 Hypercellularity

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Lymph Node

+

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## Mammary Gland

## Skin Ulcer

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                  |  | DAY ON TEST | males<br>(cont...) |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
|--------------------------------------------------|--|-------------|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| B6C3F1 MICE MALE                                 |  |             | 0 7 3 8            | 0 7 3 1         | 0 7 3 9         | 0 6 5 1         | 0 7 6 0         | 0 7 3 0         | 0 7 3 9         | 0 7 6 1         | 0 7 6 7         | 0 7 6 1         | 0 7 6 9         | 0 7 6 2         | 0 7 6 2         | 0 7 6 9         | 0 7 6 0         | 0 7 6 7         | 0 7 6 2         | 0 7 6 9         | 0 7 6 0         | 0 7 6 7         | 0 7 6 2         | 0 7 6 9         | 0 7 6 0         | 0 7 6 7         | 0 7 6 2         | 0 7 6 9         |                 |                 |                 |                 |                 |                 |                 |
|                                                  |  | ANIMAL ID   | 0 0 4 4 4 4 4 6    | 0 0 4 4 4 4 4 8 | 0 0 4 4 4 4 4 9 | 0 0 4 4 4 4 5 0 | 0 0 4 4 4 4 5 2 | 0 0 4 4 4 4 5 3 | 0 0 4 4 4 4 5 4 | 0 0 4 4 4 4 5 5 | 0 0 4 4 4 4 5 6 | 0 0 4 4 4 4 6 1 | 0 0 4 4 4 4 6 2 | 0 0 4 4 4 4 6 3 | 0 0 4 4 4 4 6 4 | 0 0 4 4 4 4 6 5 | 0 0 4 4 4 4 6 6 | 0 0 4 4 4 4 6 7 | 0 0 4 4 4 4 7 3 | 0 0 4 4 4 4 7 4 | 0 0 4 4 4 4 7 5 | 0 0 4 4 4 4 7 6 | 0 0 4 4 4 4 7 7 | 0 0 4 4 4 4 7 8 | 0 0 4 4 4 4 7 9 | 0 0 4 4 4 4 8 0 | 0 0 4 4 4 4 8 1 | 0 0 4 4 4 4 8 2 | 0 0 4 4 4 4 8 3 | 0 0 4 4 4 4 8 4 | 0 0 4 4 4 4 8 5 | 0 0 4 4 4 4 8 6 | 0 0 4 4 4 4 8 7 | 0 0 4 4 4 4 8 8 | 0 0 4 4 4 4 8 9 |
| Subcutaneous Tissue, Inflammation, Granulomatous |  |             |                    |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |

### MUSCULOSKELETAL SYSTEM

Bone  
 Increased Bone

+

Skeletal Muscle  
 Infiltration Cellular, Lymphocyte

+

1

### NERVOUS SYSTEM

Brain  
 Mineral  
 Squamous Cyst

+

Brain Trigeminal Ganglion

+

Nerve Trigeminal

+

Peripheral Nerve, Sciatic  
 Axon, Degeneration

+

Spinal Cord  
 Cyst, Squamous  
 Artery, Meninges, Inflammation, Chronic Active

+

1

### RESPIRATORY SYSTEM

Lung  
 Congestion

+

2

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Urinary Bladder

### Infiltration Cellular, Lymphocyte

**males**  
**(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

## Cell Phone Radiation: GSM

**Time Report Requested:** 12:30:15

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADGSM

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

Heart

## Cardiomyopathy Myocardium, Minerals

\* .. Total animals with tissue examined

+ .. Tissue examined microscopically

X .. Lesion present

with lesion and mean severity grad

M .. Missing tissue

A .. Autolysis precludes evaluation

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## Mammary Gland

## Skin Ulcer

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

M M M M M M M M M M M M M M M M M M M M M M M M + M M M

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically M .. Missing tissue  
 X .. Lesion present A .. Autolysis precludes evaluation  
 I .. Insufficient tissue BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked





**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Urinary Bladder

### Infiltration Cellular, Lymphocyte

**males**  
**(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE MALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                  |             | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>5<br>4<br>5      |                       |
| 5 W/kg           | ANIMAL ID   | 0<br>0<br>5<br>1<br>0 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>7 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>2<br>0 | 0<br>0<br>5<br>2<br>1 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>4 | 0<br>0<br>5<br>2<br>5 |

## **ALIMENTARY SYSTEM**

|                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Esophagus                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88     |
| Gallbladder                                                      | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | 74     |
| Intestine Large, Cecum                                           | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 84     |
| Intestine Large, Colon                                           | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 85     |
| Intestine Large, Rectum                                          | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 86     |
| Intestine Small, Duodenum                                        | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 83     |
| Intestine Small, Ileum<br>Peyer's Patch, Hyperplasia, Lymphoid   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 85     |
| Intestine Small, Jejunum<br>Peyer's Patch, Hyperplasia, Lymphoid | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 82     |
| Liver                                                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Angiectasis                                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5  |
| Basophilic Focus                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4      |
| Clear Cell Focus                                                 | X | X |   | X |   |   |   |   |   | X | X |   |   |   |   | 41     |
| Eosinophilic Focus                                               |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 8      |
| Extramedullary Hematopoiesis                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.0  |
| Fatty Change                                                     | 2 |   | 2 |   | 2 |   |   | 2 | 1 |   |   |   |   |   |   | 35 2.1 |
| Inflammation, Focal                                              |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   | 3 1.0  |
| Inflammation, Chronic Active                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Mixed Cell Focus                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7      |
| Necrosis                                                         |   |   |   |   | 3 |   |   |   |   |   |   | 2 |   |   |   | 4 3.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

#### **Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

Cell Phone Radiation: GSM

**CAS Number:** C611PBDGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/E:** 06/18/12 / 06/18/12

Lab-11

| B6C3F1 MICE MALE                  | DAY ON TEST |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
|-----------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|
|                                   |             | 0<br>7<br>3<br>8                                                                                                                                                                                     | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>0      | 0<br>5<br>4<br>5      |                       |                       |                       |        |
| 5 W/kg                            | ANIMAL ID   | 0<br>0<br>5<br>1<br>0                                                                                                                                                                                | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>7 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>2<br>0 | 0<br>0<br>5<br>2<br>1 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>4 | 0<br>0<br>5<br>2<br>5 |        |
|                                   |             | <b>* TOTALS</b>                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Bile Duct, Cyst                   |             | X                                                                                                                                                                                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Mesentery                         |             | +            +            +            +            +            +            +            +            +            +            +            +            +            +            +            + | 13                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Fat, Mineral                      |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0  |
| Fat, Necrosis                     |             | 2            3            2            4                                                                                                                                                             | 12 2.7                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Pancreas                          |             | +            +            +            +            +            +            +            +            +            +            +            +            +            +            +            + | 88                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Infiltration Cellular, Lymphocyte |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 1.0  |
| Salivary Glands                   |             | +            +            +            +            +            +            +            +            +            +            +            +            +            +            +            + | 89                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Infiltration Cellular, Lymphocyte |             | 2            1            1            1            1            2            2            2            2            2            1            2                                                     | 65 1.6                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Stomach, Forestomach              |             | +            +            +            +            +            +            +            +            +            +            +            +            +            +            +            + | 89                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Cyst, Squamous                    |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1      |
| Infiltration Cellular, Lymphocyte |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0  |
| Inflammation, Chronic             |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0  |
| Epithelium, Hyperplasia, Focal    |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.5  |
| Stomach, Glandular                |             | +            +            +            +            +            +            +            +            +            +            +            +            +            +            +            + | 88                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |        |
| Tooth                             |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 16     |
| Dysplasia                         |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 14 2.7 |
| Inflammation, Suppurative         |             |                                                                                                                                                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.0  |

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

#### A. Autolysis precludes evaluation

| .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 |
| ANIMAL ID   | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
|             | 8 | 3 | 7 | 3 | 2 | 8 | 1 | 6 | 2 | 8 | 8 | 8 | 0 | 3 | 5 |   |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|             | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 3 | 4 | 5 |   |

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                   | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | * TOTALS |
|------------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|----------|
|                                    |             | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>5      |                       |    |          |
| 5 W/kg                             | ANIMAL ID   | 0<br>0<br>5<br>1<br>0 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>7 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>2<br>0 | 0<br>0<br>5<br>2<br>1 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>4 |    | * TOTALS |
| Epididymis                         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90 |          |
| Granuloma Sperm                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 2.0    |
| Infiltration Cellular, Lymphocyte  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 22 1.3   |
| Preputial Gland                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90 | * TOTALS |
| Infiltration Cellular, Lymphocyte  |             | 1                     | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 38 1.7   |
| Inflammation, Chronic Active       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 4.0    |
| Bilateral, Hyperplasia             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 2.0    |
| Bilateral, Duct, Dilation          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 9 2.3    |
| Duct, Dilation                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 11 2.7   |
| Duct, Inflammation, Chronic Active |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 4.0    |
| Prostate                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90 | * TOTALS |
| Infiltration Cellular, Lymphocyte  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 6 1.2    |
| Inflammation, Chronic Active       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 3.0    |
| Seminal Vesicle                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90 | * TOTALS |
| Dilation                           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 5 2.4    |
| Bilateral, Dilation                |             | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 23 2.5   |
| Bilateral, Inflammation, Chronic   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 1.0    |
| Testis                             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90 | * TOTALS |
| Germ Cell, Degeneration            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    | 1 2.0    |

### HEMATOPOIETIC SYSTEM

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |       |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-------|
| Bone Marrow      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 | 2 2.5 |
| Hypercellularity |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3     |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                         | 5 W/kg   | DAY ON TEST |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | * TOTALS |
|------------------------------------------|----------|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|                                          |          |             | 07<br>38 | 07<br>33 | 07<br>32 | 07<br>38 | 07<br>31 | 07<br>16 | 07<br>22 | 07<br>28 | 07<br>28 | 07<br>28 | 07<br>28 | 07<br>20 | 07<br>23 | 07<br>23 | 05       |          |
| ANIMAL ID                                | 00<br>55 | 00<br>55    | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 | 00<br>55 |          |
| Iliac, Infiltration Cellular, Histiocyte |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 2 2.0    |
| Iliac, Pigment                           |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 2 2.0    |
| Pancreatic, Hyperplasia, Lymphoid        |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 2 2.5    |
| Renal, Hemorrhage                        |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 1 2.0    |
| Renal, Hyperplasia, Lymphoid             |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 1 3.0    |
| Lymph Node, Mandibular                   |          |             | +        | M        | +        | +        | M        | +        | +        | +        | M        | +        | +        | +        | M        | M        | +        | 63       |
| Lymph Node, Mesenteric                   |          |             | +        | +        | +        | M        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 88       |
| Erythrophagocytosis                      |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 4 1.8    |
| Hemorrhage                               |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 7 2.1    |
| Hyperplasia, Lymphoid                    |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 2 3.0    |
| Infiltration Cellular, Histiocyte        |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 5 2.2    |
| Infiltration Cellular, Plasma Cell       |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 1 4.0    |
| Spleen                                   |          |             | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | +        | 89       |
| Extramedullary Hematopoiesis             |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 13 2.2   |
| Hyperplasia, Lymphoid                    |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 5 2.2    |
| White Pulp, Atrophy                      |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 1 2.0    |
| Thymus                                   |          |             | +        | +        | +        | +        | +        | +        | +        | M        | +        | +        | +        | +        | +        | I        | +        | 81       |
| Atrophy                                  |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 4 3.0    |
| Cyst                                     |          |             | X        |          |          |          |          |          |          | X        | X        |          |          |          |          |          |          | 26       |
| Hemorrhage                               |          |             |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          | 1 3.0    |

### INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | 2  |
| Skin Ulcer    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                     |  | DAY ON TEST | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>5      |
|-----------------------------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                     |  | ANIMAL ID   | 0<br>0<br>5<br>1<br>0 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>5<br>1<br>5 | 0<br>0<br>5<br>1<br>6 | 0<br>0<br>5<br>1<br>7 | 0<br>0<br>5<br>1<br>8 | 0<br>0<br>5<br>1<br>0 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 |
| <b>B6C3F1 MICE MALE</b>                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>5 W/kg</b>                                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>* TOTALS</b>                                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Subcutaneous Tissue, Inflammation,<br>Granulomatous |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 1 4.0                                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>MUSCULOSKELETAL SYSTEM</b>                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone                                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Increased Bone                                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Skeletal Muscle                                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Infiltration Cellular, Lymphocyte                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 5 1.2                                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>NERVOUS SYSTEM</b>                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain                                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mineral                                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Squamous Cyst                                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 2 2 1 2 1 2 2 1 2 2 2 2 2 2 2                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 80 1.6                                              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 1                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain Trigeminal Ganglion                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| +                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| +                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 72                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nerve Trigeminal                                    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| M M + + + M + M + + + + + +                         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 66                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Peripheral Nerve, Sciatic                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Axon, Degeneration                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 1                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Spinal Cord                                         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Cyst, Squamous                                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Artery, Meninges, Inflammation, Chronic Active      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| X                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 1                                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 2 1.0                                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>RESPIRATORY SYSTEM</b>                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung                                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Congestion                                          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 90                                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 3 2.0                                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                                | 5 W/kg               | DAY ON TEST         |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | * TOTALS            |                     |                     |        |
|-------------------------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------|
|                                                 |                      |                     | 07<br>38            | 07<br>33            | 07<br>32            | 07<br>38            | 07<br>11            | 07<br>66            | 07<br>22            | 07<br>88            | 07<br>88            | 07<br>88            | 07<br>80            | 07<br>33            | 07<br>35            | 00                  | 00                  | 00                  | 00                  | 00                  |        |
| ANIMAL ID                                       | 00<br>55<br>11<br>01 | 00<br>55<br>11<br>2 | 00<br>55<br>11<br>3 | 00<br>55<br>11<br>4 | 00<br>55<br>11<br>5 | 00<br>55<br>11<br>6 | 00<br>55<br>11<br>7 | 00<br>55<br>11<br>8 | 00<br>55<br>11<br>9 | 00<br>55<br>11<br>0 | 00<br>55<br>11<br>1 | 00<br>55<br>11<br>2 | 00<br>55<br>11<br>3 | 00<br>55<br>11<br>4 | 00<br>55<br>11<br>5 | 00<br>55<br>11<br>6 | 00<br>55<br>11<br>7 | 00<br>55<br>11<br>8 | 00<br>55<br>11<br>9 | 00<br>55<br>11<br>0 |        |
| Hemorrhage                                      |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 4 1.8  |
| Infiltration Cellular, Histiocyte               |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 1 3.0  |
| Infiltration Cellular, Lymphocyte               |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 1 2.0  |
| Alveolar Epithelium, Hyperplasia, Focal         |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 8 1.8  |
| Mediastinum                                     |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 2      |
| Nose                                            |                      |                     | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   |                     | 90     |
| Trachea                                         |                      |                     | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   |                     | +                   | +                   | +                   | +                   | +                   | +                   |                     | 89     |
| <b>SPECIAL SENSES SYSTEM</b>                    |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |        |
| Eye                                             |                      |                     | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   |                     | 90     |
| Phthisis Bulbi                                  |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | X                   |        |
| Optic Nerve, Degeneration                       |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 3      |
| Retina, Degeneration                            |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 1 3.0  |
| 1                                               |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 1 3.0  |
| Harderian Gland                                 |                      |                     | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   |                     | 90     |
| Hyperplasia, Focal                              |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 2 2.0  |
| Infiltration Cellular, Lymphocyte               |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 32 1.4 |
| 2                                               |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |        |
| <b>URINARY SYSTEM</b>                           |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |        |
| Kidney                                          |                      |                     | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   | +                   |                     | 90     |
| Infarct                                         |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 4 1.5  |
| Metaplasia, Osseous                             |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | X                   | 5      |
| Nephropathy, Chronic Progressive                | 1                    | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 2                   | 2                   | 2                   | 2                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   |                     | 76 1.1 |
| Interstitial, Infiltration Cellular, Lymphocyte | 2                    | 1                   | 2                   | 1                   | 1                   | 1                   | 2                   | 2                   | 2                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   | 1                   |                     | 56 1.6 |
| Renal Tubule, Cyst                              |                      |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     | 4      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |               | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|-----------------------------------|---------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                   |               | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |                  |
| <b>B6C3F1 MICE MALE</b>           | <b>5 W/kg</b> |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                                   |               | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>5 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |
| Urinary Bladder                   |               | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |                  |                  |
| Infiltration Cellular, Lymphocyte |               | 2                |                  | 1                |                  |                  |                  |                  | 2                |                  | 1                | 2                | 3                | 4                | 5                | 24               | 1.5              |                  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

#### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked











**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE MALE<br>10 W/kg |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |   |
|---|-----------|-------------|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---|
|   | ANIMAL ID |             | 0                           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |   |
| 7 | 7         | 0           | 7                           | 7 | 5 | 7 | 4 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  | 0 |
| 3 | 3         | 3           | 3                           | 3 | 2 | 6 | 3 | 3 | 9 | 3 | 3 | 8 | 2 | 2 | 2 | 3 | 3 | 3 | 7 | 3 | 7 | 3 | 3                  | 3 |
| 7 | 7         | 0           | 3                           | 8 | 9 | 4 | 5 | 0 | 0 | 8 | 0 | 9 | 9 | 9 | 9 | 6 | 6 | 2 | 2 | 2 | 2 | 0 | 3                  | 3 |
| 0 | 0         | 0           | 0                           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
| 0 | 0         | 0           | 0                           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  | 0 |
| 6 | 6         | 6           | 6                           | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6                  | 6 |
| 3 | 3         | 3           | 3                           | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5                  | 5 |
| 1 | 3         | 4           | 5                           | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 3 | 4 | 5 | 6                  | 7 |

## SPECIAL SENSES SYSTEM

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

## Cell Phone Radiation: GSM

**Time Report Requested:** 12:30:15

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADGSM

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

Lab: IIT

| DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>7      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>4      | 0<br>7<br>3<br>7      | 0<br>7<br>1<br>8      | 0<br>7<br>8<br>8      | 0<br>6<br>2<br>5      | 0<br>6<br>1<br>4      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      |                       |                       |                       |                       |
| ANIMAL ID             | 0<br>0<br>6<br>5<br>9 | 0<br>0<br>6<br>6<br>0 | 0<br>0<br>6<br>6<br>1 | 0<br>0<br>6<br>6<br>3 | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>6<br>6<br>5 | 0<br>0<br>6<br>6<br>6 | 0<br>0<br>6<br>6<br>7 | 0<br>0<br>6<br>6<br>8 | 0<br>0<br>6<br>7<br>0 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>5 | 0<br>0<br>6<br>7<br>6 | 0<br>0<br>6<br>7<br>7 | 0<br>0<br>6<br>7<br>8 | 0<br>0<br>6<br>8<br>0 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>6<br>8<br>3 | 0<br>0<br>6<br>8<br>4 | 0<br>0<br>6<br>8<br>5 | 0<br>0<br>6<br>8<br>6 |
| 0<br>7<br>3<br>8      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>7      | 0<br>7<br>1<br>1      | 0<br>7<br>8<br>8      | 0<br>6<br>2<br>5      | 0<br>6<br>1<br>4      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      |                       |                       |                       |                       |
| 0<br>0<br>6<br>5<br>9 | 0<br>0<br>6<br>6<br>0 | 0<br>0<br>6<br>6<br>1 | 0<br>0<br>6<br>6<br>3 | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>6<br>6<br>5 | 0<br>0<br>6<br>6<br>6 | 0<br>0<br>6<br>6<br>7 | 0<br>0<br>6<br>6<br>8 | 0<br>0<br>6<br>7<br>0 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>5 | 0<br>0<br>6<br>7<br>6 | 0<br>0<br>6<br>7<br>7 | 0<br>0<br>6<br>7<br>8 | 0<br>0<br>6<br>8<br>0 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>6<br>8<br>3 | 0<br>0<br>6<br>8<br>4 | 0<br>0<br>6<br>8<br>5 | 0<br>0<br>6<br>8<br>6 |                       |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|         |           | B6C3F1 MICE MALE                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |                    |  |
|---------|-----------|--------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--------------------|--|
| 10 W/kg | ANIMAL ID | DAY ON TEST                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    | males<br>(cont...) |  |
|         |           | 0<br>7<br>3<br>8                     | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>6 | 0<br>7<br>3<br>4 | 0<br>7<br>3<br>7 | 0<br>7<br>8      | 0<br>6<br>8      | 0<br>6<br>2      | 0<br>6<br>1      | 0<br>7<br>4      | 0<br>7<br>6      | 0<br>7<br>1      | 0<br>7<br>8      | 0<br>7<br>3      | 0<br>7<br>3      | 0<br>7<br>1      | 0<br>7<br>0      | 0<br>7<br>2      | 0<br>7<br>9      |                    |                    |  |
|         |           | 0<br>0<br>0<br>0                     | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |                    |                    |  |
|         |           | 0<br>0<br>6<br>5                     | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>6 | 0<br>0<br>6<br>7 | 0<br>0<br>7      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      |                    |                    |  |
|         |           | 9<br>0                               | 0<br>1           | 3<br>3           | 4<br>4           | 5<br>5           | 6<br>6           | 7<br>7           | 8<br>8           | 0<br>1           | 2<br>2           | 3<br>3           | 4<br>4           | 5<br>5           | 6<br>6           | 7<br>7           | 8<br>8           | 9<br>9           | 0<br>0           | 2<br>2           | 3<br>3           | 4<br>4             | 5<br>5             |  |
|         |           | Hepatocyte, Fatty Change, Focal      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                  |                    |  |
|         |           | Mesentery                            |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Artery, Inflammation, Chronic Active |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Fat, Inflammation, Granulomatous     |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                  |                    |  |
|         |           | Fat, Necrosis                        |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                  |                    |  |
|         |           | Pancreas                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                    |  |
|         |           | Infiltration Cellular, Lymphocyte    |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Infiltration Cellular, Mixed Cell    |                  |                  |                  |                  |                  |                  |                  |                  |                  | M                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Inflammation, Acute                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Inflammation, Chronic Active         |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Salivary Glands                      |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Infiltration Cellular, Lymphocyte    |                  |                  |                  |                  |                  |                  |                  |                  |                  | M                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | 2<br>2                               | 2<br>1           | 1<br>2           | 1<br>1           | 1<br>1           | 2<br>2           | 2<br>1           | 2<br>2           | 1<br>2           | 1<br>1           | 2<br>1           | 1<br>1           | 2<br>2           | 1<br>1           | 2<br>1           | 1<br>1           | 2<br>2           | 1<br>1           | 2<br>2           | 2<br>2           | 2<br>2             |                    |  |
|         |           | Stomach, Forestomach                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | A                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                  |                    |  |
|         |           | Cyst, Squamous                       |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                  |                    |  |
|         |           | Hyperkeratosis                       |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Epithelium, Hyperplasia, Diffuse     |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Stomach, Glandular                   |                  |                  |                  |                  |                  |                  |                  |                  |                  | A                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Cyst                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Ulcer                                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Tooth                                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                  |                    |  |
|         |           | Dysplasia                            |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                  |                    |  |
|         |           | Inflammation, Chronic Active         |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2                  |                    |  |

**CARDIOVASCULAR SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked











**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **SPECIAL SENSES SYSTEM**

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked







Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                  |         | DAY ON TEST | males<br>(cont...) |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|------------------|---------|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| B6C3F1 MICE MALE | 10 W/kg |             | 073004             | 067304 | 073504 | 073204 | 073304 | 073804 | 073304 | 073204 | 073304 | 073104 | 073304 | 073204 | 073304 | 073104 | 073204 | 073304 | 073204 | 073304 | 073104 | 073204 | 073304 | 073204 | 073304 | 073104 | 073204 | 073304 |        |
|                  |         | ANIMAL ID   | 066666             | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 | 066666 |
|                  |         |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

Infiltration Cellular, Plasma Cell

Spleen  
 Extramedullary Hematopoiesis  
 Hyperplasia, Lymphoid

Thymus  
 Atrophy  
 Cyst  
 Infiltration Cellular, Histiocyte

### INTEGUMENTARY SYSTEM

Mammary Gland

Skin  
 Cyst, Squamous  
 Ulcer  
 Hair Follicle, Atrophy

### MUSCULOSKELETAL SYSTEM

Bone  
 Callus

Skeletal Muscle  
 Degeneration  
 Infiltration Cellular, Lymphocyte  
 Inflammation, Acute  
 Inflammation, Chronic Active

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **SPECIAL SENSES SYSTEM**

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  |             | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 5 | 7 | 7 | 7 | 7 | 7 |
| 10 W/kg          | ANIMAL ID   | 3 | 2 | 3 | 8 | 3 | 3 | 3 | 2 | 7 | 3 | 3 | 3 | 3 | 2 |
|                  |             | 2 | 9 | 1 | 1 | 3 | 7 | 6 | 9 | 2 | 1 | 8 | 3 | 7 | 9 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                  |             | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |
|                  |             | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 4 |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* TOTALS

### ALIMENTARY SYSTEM

|                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |
|------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|
| Esophagus                                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90  |
| Gallbladder                                                      | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 79  |
| Intestine Large, Cecum                                           | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 78  |
| Intestine Large, Colon                                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 84  |
| Intestine Large, Rectum                                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 84  |
| Intestine Small, Duodenum                                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 79  |
| Intestine Small, Ileum<br>Peyer's Patch, Hyperplasia, Lymphoid   | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 80  |
| Intestine Small, Jejunum<br>Peyer's Patch, Hyperplasia, Lymphoid | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 79  |
| Liver                                                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90  |
| Basophilic Focus                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |
| Clear Cell Focus                                                 |   |   |   |   |   |   |   |   | X |   | X | X | X |   |   | 31  |
| Eosinophilic Focus                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1   |
| Fatty Change                                                     | 2 | 2 | 2 | 2 | 2 |   |   |   | 2 | 2 | 2 |   |   |   |   | 35  |
| Infiltration Cellular, Lymphocyte                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1.9 |
| Inflammation, Chronic                                            | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2   |
| Inflammation, Chronic Active                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1.5 |
| Mixed Cell Focus                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1   |
| Necrosis                                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1.0 |
|                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4   |
|                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3   |
|                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE MALE                     | 10 W/kg | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |
|--------------------------------------|---------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
|                                      |         |             | 07322  | 07329  | 06311  | 07333  | 07376  | 06329  | 05321  | 07383  | 07337  | 07377  | 07329  | 07329  | 07329  | 07329  | 07329  |          |
| ANIMAL ID                            | 000716  | 000716      | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 | 000716 |          |
| Hepatocyte, Fatty Change, Focal      |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2 1.5    |
| Mesentery                            |         |             | + 3    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | 17       |
| Artery, Inflammation, Chronic Active |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2 2.5    |
| Fat, Inflammation, Granulomatous     |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 3.0    |
| Fat, Necrosis                        |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 13 2.6   |
| Pancreas                             |         |             | + 6    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | + 7    | 86       |
| Infiltration Cellular, Lymphocyte    |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 1.0    |
| Infiltration Cellular, Mixed Cell    |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 3.0    |
| Inflammation, Acute                  |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 2.0    |
| Inflammation, Chronic Active         |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 1.0    |
| Salivary Glands                      |         |             | + 1    | + 2    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | 89       |
| Infiltration Cellular, Lymphocyte    |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 65 1.5   |
| Stomach, Forestomach                 |         |             | + 1    | + 2    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | 87       |
| Cyst, Squamous                       |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3        |
| Hyperkeratosis                       |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2 2.5    |
| Epithelium, Hyperplasia, Diffuse     |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 2.0    |
| Stomach, Glandular                   |         |             | + 1    | + 2    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | 85       |
| Cyst                                 |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Ulcer                                |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 2.0    |
| Tooth                                |         |             | + 1    | + 2    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | + 1    | 20       |
| Dysplasia                            |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 20 2.5   |
| Inflammation, Chronic Active         |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1 3.0    |

### CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                        | DAY ON TEST |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | * TOTALS |
|-----------------------------------------|-------------|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|                                         |             | 0<br>7<br>3<br>2                | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>6<br>2<br>9      | 0<br>5<br>3<br>1 | 0<br>7<br>3<br>8 | 0<br>3<br>3<br>3 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>9 |                  |  |          |
| 10 W/kg                                 | ANIMAL ID   | 0<br>0<br>7<br>1<br>6           | 0<br>0<br>7<br>1<br>7 | 0<br>0<br>7<br>1<br>8 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>2<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>6 | 0<br>0<br>7<br>7 | 0<br>0<br>7<br>8 | 0<br>0<br>7<br>9 | 0<br>0<br>7<br>0 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>5 |  |          |
| Aorta                                   |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 87       |
| Heart                                   |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 90       |
| Cardiomyopathy                          |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 2 1.5    |
| Inflammation, Chronic Active            |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 1.0    |
| Thrombus                                |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 2.0    |
| Artery, Inflammation, Chronic Active    |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 3 1.7    |
| Endothelium, Hyperplasia                |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 2.0    |
| Myocardium, Mineral                     |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 1.0    |
| <b>ENDOCRINE SYSTEM</b>                 |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Adrenal Cortex                          |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 88       |
| Hyperplasia, Focal                      |             |                                 |                       |                       |                       |                       | 2                     | 1                |                  |                  |                  |                  |                  |                  |                  |  | 6 1.8    |
| Hypertrophy, Focal                      |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 2.0    |
| Infiltration Cellular, Mononuclear Cell |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 3.0    |
| Bilateral, Hypertrophy, Focal           |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 2.0    |
| Subcapsular, Hyperplasia                |             | 2 2 2 1 2 2 1 2 1 1 1 2 2 2 1   |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 72 1.7   |
| Adrenal Medulla                         |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 86       |
| Islets, Pancreatic                      |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 89       |
| Atrophy                                 |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1 4.0    |
| Hyperplasia                             |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 10 2.8   |
| 3                                       |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Parathyroid Gland                       |             | + + + + + + + + + M M + + M M   |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 66       |
| Cyst                                    |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 1        |
| Pituitary Gland                         |             | + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 85       |
| Pars Distalis, Cyst                     |             |                                 |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |  | 4        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

| B6C3F1 MICE MALE                                                                                           | 10 W/kg               | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                            |                       |                       | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>7      | 0<br>6<br>9<br>6      | 0<br>5<br>2<br>1      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>9      |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ANIMAL ID                                                                                                  | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>1<br>7 | 0<br>0<br>7<br>1<br>8 | 0<br>0<br>7<br>1<br>9 | 0<br>0<br>7<br>2<br>1 | 0<br>0<br>7<br>2<br>2 | 0<br>0<br>7<br>2<br>3 | 0<br>0<br>7<br>2<br>4 | 0<br>0<br>7<br>2<br>6 | 0<br>0<br>7<br>2<br>7 | 0<br>0<br>7<br>2<br>8 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>3<br>0 | 0<br>0<br>7<br>3<br>4 | 0<br>0<br>7<br>3<br>5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Atrophy                                                                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Dilatation                                                                                      | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Fibrosis                                                                                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Inflammation, Acute                                                                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Inflammation, Chronic Active                                                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Testis                                                                                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bilateral, Germ Cell, Degeneration                                                                         |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HEMATOPOIETIC SYSTEM</b>                                                                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bone Marrow                                                                                                |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hypercellularity                                                                                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node                                                                                                 |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bronchial, Infiltration Cellular, Mixed Cell                                                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iliac, Hyperplasia, Lymphoid                                                                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iliac, Infiltration Cellular, Plasma Cell                                                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lumbar, Hemorrhage                                                                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mediastinal, Hyperplasia, Lymphoid                                                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal, Infiltration Cellular, Mixed Cell                                                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mandibular                                                                                     |                       |                       | M                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Histiocyte                                                                          |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mesenteric                                                                                     |                       |                       | I                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Erythrophagocytosis                                                                                        |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemorrhage                                                                                                 |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Lymphoid                                                                                      |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Histiocyte                                                                          |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HEMATOPOIETIC SYSTEM</b>                                                                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + .. Tissue examined microscopically                                                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X .. Lesion present                                                                                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I .. Insufficient tissue                                                                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M .. Missing tissue                                                                                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A .. Autolysis precludes evaluation                                                                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLANK .. Not examined microscopically                                                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1-4 .. Lesion qualified as:                                                                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1) Minimal                                                                                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3) Moderate                                                                                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2) Mild                                                                                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4) Marked                                                                                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE                   | 10 W/kg               | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |        |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|--------|
|                                    |                       |                       | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>7      | 0<br>6<br>2<br>9      | 0<br>5<br>3<br>1      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      |   |        |
| ANIMAL ID                          | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>1<br>7 | 0<br>0<br>7<br>1<br>8 | 0<br>0<br>7<br>1<br>9 | 0<br>0<br>7<br>2<br>1 | 0<br>0<br>7<br>2<br>2 | 0<br>0<br>7<br>2<br>3 | 0<br>0<br>7<br>2<br>4 | 0<br>0<br>7<br>2<br>6 | 0<br>0<br>7<br>2<br>7 | 0<br>0<br>7<br>2<br>8 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>3<br>0 | 0<br>0<br>7<br>3<br>4 | 0<br>0<br>7<br>3<br>5 |   |        |
| <b>* TOTALS</b>                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |        |
| Infiltration Cellular, Plasma Cell |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 3.0  |
| Spleen                             |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 88     |
| Extramедullary Hematopoiesis       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 12 2.2 |
| Hyperplasia, Lymphoid              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 3 2.0  |
| Thymus                             |                       |                       | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | I | 72     |
| Atrophy                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 14 3.1 |
| Cyst                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 15     |
| Infiltration Cellular, Histiocyte  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 3.0  |
| <b>INTEGUMENTARY SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |        |
| Mammary Gland                      |                       |                       | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | M | 8      |
| Skin                               |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 90     |
| Cyst, Squamous                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1      |
| Ulcer                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 3.0  |
| Hair Follicle, Atrophy             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 2 3.0  |
| <b>MUSCULOSKELETAL SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |        |
| Bone                               |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 90     |
| Callus                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 3.0  |
| Skeletal Muscle                    |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 90     |
| Degeneration                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 1.0  |
| Infiltration Cellular, Lymphocyte  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 5 1.4  |
| Inflammation, Acute                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 2.0  |
| Inflammation, Chronic Active       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | 1 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE MALE | 10 W/kg               | DAY ON TEST           |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|
|                  |                       |                       | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>7 | 0<br>6<br>9<br>6 | 0<br>5<br>3<br>1 | 0<br>7<br>3<br>8 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>7 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>9 |  |  |
| ANIMAL ID        | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>1<br>7 | 0<br>0<br>7<br>1<br>8 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>2<br>9 | 0<br>0<br>7<br>2<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>6 | 0<br>0<br>7<br>7 | 0<br>0<br>7<br>8 | 0<br>0<br>7<br>9 | 0<br>0<br>7<br>0 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>5 |                  |  |  |
|                  |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |

### NERVOUS SYSTEM

|                                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Brain                                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Mineral                                        | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 2 | 1 |   |   | 76 1.6 |
| Artery, Meninges, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |
| Brain Trigeminal Ganglion                      | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 79     |
| Nerve Trigeminal                               | + | + | + | + | + | + | M | + | + | + | M | + | M | M | + |   | 63     |
| Peripheral Nerve, Sciatic                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 89     |
| Axon, Degeneration                             | 1 |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   | 4 1.0  |
| Spinal Cord                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 90     |
| Necrosis                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |
| Artery, Meninges, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0  |

### RESPIRATORY SYSTEM

|                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Lung                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90    |
| Congestion                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 2.7 |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 2.0 |
| Infiltration Cellular, Histiocyte       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.0 |
| Alveolar Epithelium, Hyperplasia, Focal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7 1.7 |
| Mediastinum                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1     |
| Nose                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 89    |
| Trachea                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   | 90    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                 |  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>3<br>7      | 0<br>6<br>2<br>9      | 0<br>5<br>3<br>1      | 0<br>7<br>3<br>8      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>7      | 0<br>7<br>3<br>7      | 0<br>7<br>2<br>9      |                       |
|-----------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                 |  | ANIMAL ID   | 0<br>0<br>7<br>1<br>6 | 0<br>0<br>7<br>1<br>7 | 0<br>0<br>7<br>2<br>2 | 0<br>7<br>2<br>2<br>3 | 0<br>7<br>2<br>2<br>4 | 0<br>7<br>2<br>2<br>6 | 0<br>7<br>2<br>2<br>7 | 0<br>7<br>2<br>2<br>8 | 0<br>7<br>2<br>2<br>9 | 0<br>7<br>2<br>3<br>0 | 0<br>7<br>3<br>3<br>4 | 0<br>7<br>3<br>3<br>5 |
| <b>* TOTALS</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

### SPECIAL SENSES SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Eye                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Phthisis Bulbi                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Cornea, Inflammation, Chronic Active |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Retina, Atrophy                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 4.0  |
| Harderian Gland                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Hyperplasia, Focal                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Infiltration Cellular, Lymphocyte    | 1 |   | 1 |   |   |   | 1 | 1 | 1 |   |   |   |   | 2 | 40 1.3 |

### URINARY SYSTEM

|                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Kidney                                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |
| Infarct                                         |   | 1 | 2 |   |   |   | 2 |   |   |   |   |   |   |   | 8 1.5  |
| Metaplasia, Osseous                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Nephropathy, Chronic Progressive                | 2 | 1 |   | 1 | 1 | 1 | 1 |   |   | 1 | 1 | 1 | 1 | 1 | 74 1.3 |
| Bilateral, Inflammation, Acute                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Bilateral, Renal Tubule, Bacteria               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Bilateral, Renal Tubule, Pigment                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Glomerulus, Cyst                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Interstitial, Infiltration Cellular, Lymphocyte | 1 | 2 | 2 |   | 2 | 1 |   |   |   | 3 |   | 2 |   | 2 | 44 1.4 |
| Pelvis, Dilation                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Renal Tubule, Accumulation, Hyaline Droplet     |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Renal Tubule, Cyst                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5      |
| Renal Tubule, Dilation                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Renal Tubule, Mineral                           |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 4 1.5  |
|                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Urinary Bladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |
| Infiltration Cellular, Lymphocyte               |   |   |   |   |   |   |   |   | 2 |   | 2 |   |   |   | 21 1.3 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

**P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL**

Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

**Lab:** IIT

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

#### Inflammation, Chronic Active

Heart

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                     |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-----------------------------------------------------|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                                     |           |             | 0 W/kg             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|                                                     | ANIMAL ID |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
|                                                     |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 7                                                   | 7         | 6           | 7                  | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
| 3                                                   | 3         | 3           | 4                  | 4 | 4 | 5 | 3 | 5 | 5 | 3 | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 4                    |
| 9                                                   | 9         | 8           | 5                  | 6 | 3 | 0 | 9 | 6 | 2 | 9 | 2 | 6 | 6 | 1 | 1 | 3 | 0 | 4 | 4 | 6 | 0 | 0 | 0 | 5 | 4 | 0 | 3                    |
| 0                                                   | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 0                                                   | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 1                                                   | 1         | 1           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    |
| 0                                                   | 0         | 0           | 0                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3                    |
| 7                                                   | 7         | 8           | 9                  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 3 | 3 | 3                    |
| Bacteria                                            |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Cardiomyopathy                                      |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Thrombus                                            |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Epicardium, Infiltration Cellular, Mixed Cell       |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Epicardium, Infiltration Cellular, Mononuclear Cell |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Myocardium, Fibrosis                                |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Myocardium, Inflammation, Chronic Active            |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Myocardium, Mineral                                 |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Valve, Hemorrhage                                   |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Valve, Infiltration Cellular, Lymphocyte            |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Valve, Thrombus                                     |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| 1                                                   |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| 2                                                   |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| 3                                                   |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |

### ENDOCRINE SYSTEM

|                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Adrenal Cortex                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Angiectasis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bilateral, Extramedullary Hematopoiesis | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 2 | 3 |  |
| Subcapsular, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Adrenal Medulla                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Islets, Pancreatic                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |   |  |
| Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Infiltration Cellular, Lymphocyte       | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |   |   |   |  |
| Parathyroid Gland                       | + | + | + | + | M | + | + | M | M | M | + | + | M | + | M | + | M | + | + | M | + | + | M | + | + |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked



Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|  |  | DAY ON TEST                                                                                                                                 | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|  |  |                                                                                                                                             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |   |
|  |  | 7                                                                                                                                           | 6                  | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 4 | 5 | 5 | 4 | 5 | 4 | 6 | 7 | 7 | 4                    | 4 | 3 |
|  |  | 3                                                                                                                                           | 3                  | 4 | 4 | 4 | 5 | 3 | 5 | 5 | 3 | 5 | 4 | 5 | 5 | 4 | 5 | 6 | 7 | 4 | 4 | 6 | 7 | 7 | 4 | 5 | 4 | 4                    | 3 |   |
|  |  | 9                                                                                                                                           | 8                  | 5 | 6 | 3 | 0 | 9 | 6 | 2 | 9 | 2 | 6 | 6 | 1 | 1 | 3 | 0 | 4 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 3 |   |
|  |  | 0                                                                                                                                           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|  |  | 0                                                                                                                                           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|  |  | 1                                                                                                                                           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |   |
|  |  | 0                                                                                                                                           | 0                  | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3                    | 3 |   |
|  |  | 7                                                                                                                                           | 8                  | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 3 | 3                    | 3 |   |
|  |  | Thrombus                                                                                                                                    |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | Endometrium, Cyst                                                                                                                           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | Endometrium, Hyperplasia, Cystic                                                                                                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | Endometrium, Metaplasia, Squamous                                                                                                           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | X                                                                                                                                           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | 3      3    3    3    2    3      3    3    2      3      2    3    2    3    3    3    2    2    2    3    2    3    2    2    3    2    2 |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | M                                                                                                                                           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
|  |  | Vagina                                                                                                                                      |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |

## HEMATOPOIETIC SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hypercellularity               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hypocellularity                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Myeloid Cell, Hypercellularity |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Hyperplasia, Lymphoid                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Axillary, Infiltration Cellular, Mixed Cell |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Axillary, Pigment                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bronchial, Hyperplasia, Lymphoid            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iliac, Hemorrhage                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iliac, Hyperplasia, Lymphoid                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Iliac, Infiltration Cellular, Mixed Cell    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lumbar, Infiltration Cellular, Mixed Cell   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mediastinal, Hyperplasia, Lymphoid          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreatic, Hyperplasia, Lymphoid           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal, Hemorrhage                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal, Hyperplasia, Lymphoid                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Lymph Node, Mandibular | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Hemorrhage             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Hyperplasia, Lymphoid  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically  
1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                   |  | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|-----------------------------------|--|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|                                   |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |   |
| ANIMAL ID                         |  | 7           | 6                  | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 4 | 5 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 4                    | 4 |   |
|                                   |  | 3           | 3                  | 4 | 4 | 4 | 5 | 3 | 5 | 5 | 3 | 5 | 4 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4                    | 4 |   |
|                                   |  | 9           | 8                  | 5 | 6 | 3 | 0 | 9 | 6 | 2 | 9 | 2 | 6 | 6 | 1 | 1 | 3 | 0 | 4 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                                   |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                                   |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                                   |  | 1           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |   |
|                                   |  | 0           | 0                  | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2 |   |
|                                   |  | 7           | 8                  | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 3                    | 3 |   |
| Infiltration Cellular, Mixed Cell |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Lymph Node, Mesenteric            |  | +           | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | M | + | + | + | + | + | M                    | + | + |
| Erythrophagocytosis               |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Hemorrhage                        |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Hyperplasia, Lymphoid             |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Infiltration Cellular, Histiocyte |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Spleen                            |  | +           | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | +                    | + |   |
| Atrophy                           |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Extramedullary Hematopoiesis      |  | 2           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 | 2 | 3 |   |   |   |   |   |   |                      |   |   |
| Hyperplasia, Lymphoid             |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Capsule, Fibrosis                 |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Thymus                            |  | +           | +                  | + | + | + | + | + | + | I | + | + | + | + | + | + | A | + | + | I | + | + | + | + | + | + | +                    | + |   |
| Atrophy                           |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |                      |   |   |
| Cyst                              |  |             | X                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |
| Hyperplasia, Lymphoid             |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |                      |   |   |

### INTEGUMENTARY SYSTEM

|                        |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland          |  | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Hyperplasia, Focal     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia, Diffuse   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Duct, Dilation         |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin                   |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Ulcer                  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hair Follicle, Atrophy |  |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |                      |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|----------------------|
|   |           |             | 0 W/kg             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |                      |
|   | ANIMAL ID | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | females<br>(cont...) |
|   |           | 7           | 6                  | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4                    | 4 |                      |
| 9 | 8         | 5           | 6                  | 3 | 0 | 9 | 6 | 2 | 9 | 2 | 6 | 6 | 1 | 1 | 3 | 0 | 4 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |                      |
| 1 | 1         | 1           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |                      |
| 0 | 0         | 0           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3                    | 3 |                      |
| 7 | 8         | 9           | 0                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 1 | 2 | 3 | 3 | 3                    | 3 |                      |

### MUSCULOSKELETAL SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Fibro-Osseous Lesion              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skeletal Muscle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mineral                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

### NERVOUS SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Brain               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Hemorrhage          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Hydrocephalus       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Inflammation, Acute |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Mineral             | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Necrosis            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Brain Trigeminal Ganglion | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + |  |
| Nerve Trigeminal          | M | + | + | + | + | + | + | M | + | + | M | + | M | M | + | M | M | M | M | M | + | + | + | M | M | + |  |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Axon, Degeneration        | 2 |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 |   |   |   |   |   |  |

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Spinal Cord | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATORY SYSTEM | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Hemorrhage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE |   | DAY ON TEST | 0 W/kg |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|--------------------|---|-------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|                    |   |             | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |   |
| 7                  | 6 | 7           | 7      | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7                    | 0 |   |
| 3                  | 3 | 4           | 4      | 4 | 5 | 3 | 5 | 5 | 3 | 5 | 4 | 4 | 5 | 5 | 5 | 4 | 4 | 4 | 4 | 5 | 4                    | 4 |   |
| 9                  | 8 | 5           | 6      | 3 | 0 | 9 | 6 | 2 | 9 | 2 | 6 | 6 | 1 | 1 | 3 | 0 | 4 | 4 | 6 | 0 | 5                    | 0 |   |
| 0 W/kg             |   | ANIMAL ID   | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
|                    |   |             | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
| 1                  | 1 | 1           | 1      | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 | 1 |
| 0                  | 0 | 0           | 1      | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3                    | 3 | 3 |
| 7                  | 8 | 9           | 0      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8                    | 0 | 1 |

## Renal Tubule, Mineral

## Urinary Bladder

#### Infiltration Cellular, Lymphocyte

**females  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE | 0 W/kg | DAY ON TEST | ANIMAL ID |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|--------------------|--------|-------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|                    |        |             | 0746      | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 |                      |
|                    |        |             | 0000      | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |                      |
|                    |        |             | 0000      | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |                      |
|                    |        |             | 1111      | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 |                      |
|                    |        |             | 3333      | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333                 |
|                    |        |             | 45        | 56   | 67   | 78   | 90   | 23   | 67   | 89   | 02   | 36   | 78   | 90   | 23   | 67   | 89   | 02   | 36   | 78   | 90   | 23   | 67   | 89   | 02   | 36   | 78                   |

### ALIMENTARY SYSTEM

Esophagus

Gallbladder  
 Infiltration Cellular, Lymphocyte

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum  
 Inflammation, Acute

Intestine Small, Ileum

Intestine Small, Jejunum  
 Peyer's Patch, Hyperplasia, Lymphoid

Liver

Basophilic Focus

Clear Cell Focus

Eosinophilic Focus

Extramedullary Hematopoiesis

Fatty Change

Hemorrhage

Infiltration Cellular, Lymphocyte

Infiltration Cellular, Mononuclear Cell

Inflammation, Focal

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

A

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

<p



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|        |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|--------|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|        |           |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |   |
| 0 W/kg | ANIMAL ID | 7           | 7                  | 7 | 7 | 7 | 6 | 4 | 7 | 7 | 6 | 7 | 7 | 6 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 6 | 4 | 4                    | 0 |
|        |           | 6           | 3                  | 0 | 6 | 6 | 7 | 8 | 1 | 1 | 7 | 0 | 0 | 9 | 1 | 4 | 5 | 5 | 4 | 3 | 2 | 4 | 4 | 0 | 4 | 4 | 0                    | 0 |

Bacteria  
 Cardiomyopathy  
 Thrombus  
 Epicardium, Infiltration Cellular, Mixed Cell  
 Epicardium, Infiltration Cellular, Mononuclear Cell  
 Myocardium, Fibrosis  
 Myocardium, Inflammation, Chronic Active  
 Myocardium, Mineral  
 Valve, Hemorrhage  
 Valve, Infiltration Cellular, Lymphocyte  
 Valve, Thrombus

### ENDOCRINE SYSTEM

|                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | M | + | + | + | + |   |
| Angiectasis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, Extramedullary Hematopoiesis | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 |
| Subcapsular, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adrenal Medulla                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | I | M | + | + | + |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Infiltration Cellular, Lymphocyte       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                       | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | M | + | + | M | + | M | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

| B6C3F1 MICE FEMALE | 0 W/kg | ANIMAL ID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    | females<br>(cont...) |
|--------------------|--------|-----------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|----------------------|
|                    |        |           | 0746        | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 | 0746 |    |                      |
|                    |        |           | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |    |                      |
|                    |        |           | 0000        | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 | 0000 |    |                      |
|                    |        |           | 1111        | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 | 1111 |    |                      |
|                    |        |           | 3333        | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 | 3333 |    |                      |
|                    |        |           | 45          | 56   | 67   | 78   | 89   | 02   | 36   | 78   | 90   | 23   | 67   | 89   | 02   | 36   | 78   | 90   | 23   | 67   | 89   | 02   | 36   | 78   | 90   | 23 |                      |

Cyst

X

Pituitary Gland

+ + + + + + + + + + | + + + + + + + + + + | + M + + + + +

Pars Distalis, Angiectasis

2 2

Pars Distalis, Cyst

Pars Distalis, Hyperplasia, Focal

3

Thyroid Gland

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Infiltration Cellular, Lymphocyte

Follicle, Cyst

## GENERAL BODY SYSTEM

Tissue NOS

+

## GENITAL SYSTEM

Clitoral Gland

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Infiltration Cellular, Lymphocyte

Duct, Cyst

Ovary

+ + + + + + + + + + M + M + + + + + M + + + M + + + M

Cyst

X

Hemorrhage

3

Mineral

2

Follicle, Cyst

X

X

X X

Uterus

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Angiectasis

3

Dilation

2

Hemorrhage

3 2 2 3

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## INTEGUMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

Nerve Trigeminal + + + + + + + + + + M M + M M M M M M + M M M + + M

## **RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                 |   | B6C3F1 MICE FEMALE |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |  |
|-------------------------------------------------|---|--------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|--|
|                                                 |   | DAY ON TEST        | 0 W/kg    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
|                                                 |   |                    | ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| 0                                               | 0 | 0                  | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |
| 7                                               | 7 | 7                  | 7         | 7 | 6 | 4 | 7 | 7 | 6 | 7 | 7 | 6 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 6 | 4 | 0 |                      |  |  |
| 4                                               | 4 | 4                  | 4         | 4 | 0 | 4 | 5 | 5 | 0 | 4 | 4 | 8 | 1 | 1 | 7 | 0 | 0 | 9 | 1 | 4 | 5 | 4 | 3 | 2 | 4 | 0                    |  |  |
| 6                                               | 3 | 0                  | 6         | 6 | 7 | 8 | 1 | 1 | 7 | 0 | 0 | 9 | 1 | 4 | 5 | 4 | 5 | 4 | 3 | 2 | 4 | 0 | 4 | 0 | 0 | 0                    |  |  |
| 0                                               | 0 | 0                  | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |  |
| 0                                               | 0 | 0                  | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |  |  |
| 1                                               | 1 | 1                  | 1         | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    |  |  |
| 3                                               | 3 | 3                  | 3         | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6                    |  |  |
| 4                                               | 5 | 6                  | 7         | 8 | 9 | 0 | 2 | 3 | 6 | 7 | 8 | 9 | 0 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | 0 | 2 | 3 | 4 | 4 |                      |  |  |
|                                                 |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Infiltration Cellular, Histiocyte               |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Infiltration Cellular, Lymphocyte               |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Inflammation, Acute                             |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Inflammation, Chronic                           |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Alveolar Epithelium, Hyperplasia, Focal         |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Mediastinum                                     |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Nose                                            |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Inflammation, Acute                             |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Trachea                                         |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| SPECIAL SENSES SYSTEM                           |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Eye                                             |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Harderian Gland                                 |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Infiltration Cellular, Lymphocyte               |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| URINARY SYSTEM                                  |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Kidney                                          |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Cyst                                            |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Infarct                                         |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Metaplasia, Osseous                             |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Nephropathy, Chronic Progressive                |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Bilateral, Infarct                              |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Interstitial, Infiltration Cellular, Lymphocyte | 1 | 1                  | 2         | 2 | 1 | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Pelvis, Dilatation                              |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |
| Renal Tubule, Dilatation                        |   |                    |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Renal Tubule, Mineral

## Urinary Bladder

#### **Infiltration Cellular, Lymphocyte**

## females (cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

## M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE |   | DAY ON TEST | 0 W/kg |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|--------------------|---|-------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|                    |   |             | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|                    |   | ANIMAL ID   | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
| 7                  | 7 | 0           | 0      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
| 4                  | 4 | 1           | 1      | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 | 1 |
| 3                  | 3 | 9           | 9      | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9                    | 9 | 9 |
| 6                  | 6 | 6           | 6      | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 | 7 |
| 5                  | 5 | 7           | 8      | 9 | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9                    | 0 | 1 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                        |  | DAY ON TEST | 0<br>7<br>4<br>3      | 0<br>7<br>5<br>0<br>3 | 0<br>5<br>7<br>4<br>1 | 0<br>7<br>4<br>5<br>9 | 0<br>7<br>3<br>0<br>9 | 0<br>7<br>4<br>4<br>4 | 0<br>7<br>5<br>0<br>1 | 0<br>7<br>5<br>4<br>4 | 0<br>5<br>5<br>9<br>9 | 0<br>7<br>5<br>1<br>7 | 0<br>7<br>5<br>0<br>1 | 0<br>7<br>5<br>1<br>1 | 0<br>7<br>5<br>6<br>6 | 0<br>5<br>4<br>8<br>8 | 0<br>7<br>4<br>5<br>0 | 0<br>7<br>4<br>4<br>2 |                       |                       |  |  |
|----------------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|                                        |  | ANIMAL ID   | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>5 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 |  |  |
| <b>B6C3F1 MICE FEMALE</b>              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| <b>0 W/kg</b>                          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Inflammation, Chronic Active           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Mixed Cell Focus                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Necrosis                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Hepatocyte, Fatty Change, Focal        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Kupffer Cell, Hyperplasia              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Mesentery                              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Fat, Infiltration Cellular, Lymphocyte |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Fat, Inflammation, Chronic Active      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Fat, Necrosis                          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Pancreas                               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Infiltration Cellular, Lymphocyte      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Inflammation, Chronic Active           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Duct, Cyst                             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Salivary Glands                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Atrophy                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Infiltration Cellular, Lymphocyte      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Stomach, Forestomach                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Stomach, Glandular                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Cyst                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| <b>CARDIOVASCULAR SYSTEM</b>           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Aorta                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Inflammation, Chronic Active           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Heart                                  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                     |  | DAY ON TEST | B6C3F1 MICE FEMALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|-----------------------------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                                                     |  |             | 0<br>7<br>4<br>3      | 0<br>7<br>5<br>0<br>5 | 0<br>7<br>5<br>7<br>4 | 0<br>7<br>4<br>4<br>5 | 0<br>7<br>7<br>3<br>0 | 0<br>7<br>7<br>4<br>9 | 0<br>7<br>7<br>4<br>4 | 0<br>7<br>5<br>0<br>1 | 0<br>7<br>5<br>4<br>9 | 0<br>7<br>5<br>9<br>7 | 0<br>7<br>5<br>5<br>1 | 0<br>7<br>5<br>5<br>0 | 0<br>7<br>5<br>1<br>1 |                      |
|                                                     |  | 0 W/kg      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                                                     |  | ANIMAL ID   | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 |                       |                      |
| Bacteria                                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                    |
| Cardiomyopathy                                      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                    |
| Thrombus                                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                    |
| Epicardium, Infiltration Cellular, Mixed Cell       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                    |
| Epicardium, Infiltration Cellular, Mononuclear Cell |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Myocardium, Fibrosis                                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Myocardium, Inflammation, Chronic Active            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                    |
| Myocardium, Mineral                                 |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                    |
| Valve, Hemorrhage                                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Valve, Infiltration Cellular, Lymphocyte            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Valve, Thrombus                                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                    |

### ENDOCRINE SYSTEM

|                                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                          | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |   |
| Angiectasis                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bilateral, Extramedullary Hematopoiesis | 3 | 3 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 |   |   |
| Subcapsular, Hyperplasia                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Adrenal Medulla                         | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |   |
| Hemorrhage                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Mineral                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Islets, Pancreatic                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |
| Hyperplasia                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |
| Infiltration Cellular, Lymphocyte       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Parathyroid Gland                       | M | M | + | M | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | M | M | + | M | + | + | M | + |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked





Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                   |  | B6C3F1 MICE FEMALE |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |  |  |  |
|-----------------------------------|--|--------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|--|--|--|
|                                   |  | 0 W/kg             | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
|                                   |  |                    |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |  |
|                                   |  |                    |           | 7           | 7 | 5 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 |                      |  |  |  |
|                                   |  |                    |           | 4           | 0 | 5 | 7 | 4 | 4 | 5 | 3 | 4 | 2 | 5 | 5 | 4 | 3 | 9 | 5 | 7 | 5 | 5 | 4 | 4 |                      |  |  |  |
|                                   |  |                    |           | 3           | 3 | 1 | 9 | 4 | 5 | 3 | 0 | 9 | 4 | 4 | 0 | 1 | 4 | 9 | 7 | 1 | 0 | 1 | 6 | 8 |                      |  |  |  |
|                                   |  |                    |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |  |
|                                   |  |                    |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |  |  |  |
|                                   |  |                    |           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |  |  |  |
|                                   |  |                    |           | 6           | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |                      |  |  |  |
|                                   |  |                    |           | 5           | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 8 |                      |  |  |  |
| Infiltration Cellular, Mixed Cell |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Lymph Node, Mesenteric            |  |                    |           | +           | M | I | + | M | + | + | M | + | + | + | + | + | M | + | + | A | M | M | + | + | +                    |  |  |  |
| Erythrophagocytosis               |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Hemorrhage                        |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Hyperplasia, Lymphoid             |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Infiltration Cellular, Histiocyte |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Spleen                            |  |                    |           | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                    |  |  |  |
| Atrophy                           |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Extramedullary Hematopoiesis      |  |                    |           | 3           |   |   |   |   |   |   | 3 |   | 3 |   |   |   |   | 2 |   | 2 |   |   | 3 |   | 2                    |  |  |  |
| Hyperplasia, Lymphoid             |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Capsule, Fibrosis                 |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Thymus                            |  |                    |           | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |  |  |  |
| Atrophy                           |  |                    |           | 3           | 4 |   |   |   |   |   |   |   |   |   |   |   |   | 4 |   | 4 |   |   | 4 |   | 4                    |  |  |  |
| Cyst                              |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |
| Hyperplasia, Lymphoid             |  |                    |           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |  |  |  |

### INTEGUMENTARY SYSTEM

|                        |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------------------|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland          |  |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |  |
| Hyperplasia, Focal     |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hyperplasia, Diffuse   |  |  |  | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Duct, Dilation         |  |  |  | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin                   |  |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |  |
| Ulcer                  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hair Follicle, Atrophy |  |  |  | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## MUSCULOSKELETAL SYSTEM

# **NERVOUS SYSTEM**

Brain Trigeminal Ganglion + + + + + + + + M + + + + + + + + + + + + + + M + M + + + + M

Nerve Trigeminal + + + + + M M M + + + M M + M + M M + + + + M M +

# RESPIRATORY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

## I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|   | ANIMAL ID |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 1 | 1         | 1           | 1                  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |
| 6 | 6         | 6           | 6                  | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9                    | 9 |
| 5 | 6         | 7           | 8                  | 9 | 0 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0                    | 1 |

## Renal Tubule, Mineral

1

## Urinary Bladder

#### Infiltration Cellular, Lymphocyte

females  
(cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

## M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE | 0 W/kg           | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|--------------------|------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|
|                    |                  |             | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>6 | 0<br>7<br>5<br>8 | 0<br>4<br>7<br>5 | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>0 | 0<br>6<br>0<br>7 | 0<br>7<br>4<br>3 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>4 | 0<br>7<br>6<br>4 | 0<br>7<br>5<br>0 | 0<br>7<br>6<br>4 | 0<br>7<br>6<br>4 |  |
| ANIMAL ID          |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |  |
|                    | 0000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    | 0000000000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    | 1111111111111111 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    | 9999999999999999 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    | 3456700000000000 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |
|                    |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |

### ALIMENTARY SYSTEM

|                                         |                                     |        |
|-----------------------------------------|-------------------------------------|--------|
| Esophagus                               | + + + + M + + + + + + + + + + +     | 87     |
| Gallbladder                             | + + + + A + + A + + + + + + + + A   | 79     |
| Infiltration Cellular, Lymphocyte       |                                     | 2 2.0  |
| Intestine Large, Cecum                  | + + + + A + + + + + + + + + + + A   | 84     |
| Intestine Large, Colon                  | + + + + A + + + + + + + + + + + A   | 84     |
| Intestine Large, Rectum                 | + + + + A + + + + + + + + + + + A   | 88     |
| Intestine Small, Duodenum               | + + + + A + + + + + + + + + + + A   | 82     |
| Inflammation, Acute                     |                                     | 1 2.0  |
| Intestine Small, Ileum                  | + + + + A + + + + + + + + + + + A   | 83     |
| Intestine Small, Jejunum                | + + + + A + + A + + + + + + + + A   | 84     |
| Peyer's Patch, Hyperplasia, Lymphoid    |                                     | 1 2.0  |
| Liver                                   | + + + + + + + + + + + + + + + + + + | 89     |
| Basophilic Focus                        |                                     | 4      |
| Clear Cell Focus                        |                                     | 1      |
| Eosinophilic Focus                      | X                                   | 2      |
| Extramedullary Hematopoiesis            |                                     | 1 1.0  |
| Fatty Change                            | 3 3                                 | 7 2.1  |
| Hemorrhage                              |                                     | 1 2.0  |
| Infiltration Cellular, Lymphocyte       | 2                                   | 33 1.3 |
| Infiltration Cellular, Mononuclear Cell |                                     | 1 2.0  |
| Inflammation, Focal                     |                                     | 4 1.3  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

### Aorta

#### Inflammation, Chronic Active

M + + M + + + + + + + + M + + +

84

1 3.0

Heart

+ + + + + + + + + + + + + + + + +

90

- \* .. Total animals with
- + .. Tissue examined
- X .. Lesion present
- | .. Insufficient tissue

Total animals with lesion and mean severity grade

1

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

Cell Phone Radiation: GSM

**CAS Number:** CEI | PRADGSM

Date Report Requested: 08/24/2017

Time Report Requested: 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: II T

# **ENDOCRINE SYSTEM**

\* ... Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

#### M .. Missing tissue

X - Lesion present

#### **I. Insufficient tissue**

#### M .. Missing tissue

#### A. Autolysis precludes evaluation

BLANK - Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |  |  |
|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--|
|             | 0<br>7<br>5<br>0                | 0<br>7<br>4<br>6                | 0<br>4<br>9<br>3                | 0<br>4<br>4<br>8                | 0<br>6<br>7<br>5                | 0<br>7<br>7<br>7                | 0<br>5<br>4<br>3                | 0<br>7<br>4<br>0                | 0<br>7<br>4<br>3                | 0<br>6<br>0<br>7                | 0<br>7<br>4<br>3                | 0<br>7<br>5<br>0                | 0<br>6<br>4<br>4                |  |  |
| ANIMAL ID   | 0<br>0<br>0<br>1<br>1<br>9<br>3 | 0<br>0<br>0<br>1<br>1<br>9<br>4 | 0<br>0<br>0<br>1<br>1<br>9<br>5 | 0<br>0<br>0<br>2<br>2<br>0<br>6 | 0<br>0<br>0<br>2<br>2<br>0<br>7 | 0<br>0<br>0<br>2<br>2<br>0<br>3 | 0<br>0<br>0<br>2<br>2<br>0<br>4 | 0<br>0<br>0<br>2<br>2<br>0<br>5 | 0<br>0<br>0<br>2<br>2<br>0<br>6 | 0<br>0<br>0<br>2<br>2<br>0<br>7 | 0<br>0<br>0<br>2<br>2<br>0<br>8 | 0<br>0<br>0<br>2<br>2<br>0<br>9 | 0<br>0<br>0<br>2<br>2<br>0<br>0 |  |  |
|             | 0001193                         | 0001194                         | 0001195                         | 0002206                         | 0002207                         | 0002203                         | 0002204                         | 0002205                         | 0002206                         | 0002207                         | 0002208                         | 0002209                         | 0002200                         |  |  |
|             | 0001193                         | 0001194                         | 0001195                         | 0002206                         | 0002207                         | 0002203                         | 0002204                         | 0002205                         | 0002206                         | 0002207                         | 0002208                         | 0002209                         | 0002200                         |  |  |
|             | 0001193                         | 0001194                         | 0001195                         | 0002206                         | 0002207                         | 0002203                         | 0002204                         | 0002205                         | 0002206                         | 0002207                         | 0002208                         | 0002209                         | 0002200                         |  |  |
|             | 0001193                         | 0001194                         | 0001195                         | 0002206                         | 0002207                         | 0002203                         | 0002204                         | 0002205                         | 0002206                         | 0002207                         | 0002208                         | 0002209                         | 0002200                         |  |  |
|             | 0001193                         | 0001194                         | 0001195                         | 0002206                         | 0002207                         | 0002203                         | 0002204                         | 0002205                         | 0002206                         | 0002207                         | 0002208                         | 0002209                         | 0002200                         |  |  |

## MUSCULOSKELETAL SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |  |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|--|
| Bone<br>Fibro-Osseous Lesion      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 90  |  |
|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 11 | 2.1 |  |
| Skeletal Muscle                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89 |     |  |
| Infiltration Cellular, Lymphocyte |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 | 16 | 1.1 |  |
| Mineral                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 1  | 1.0 |  |

## **NERVOUS SYSTEM**

|                                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |    |
|----------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|----|
| Brain Trigeminal Ganglion                    | + | M | M | + | + | + | + | + | + | + | + | + | + | + | M | + |        | 75 |
| Nerve Trigeminal                             | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | + | M      | 56 |
| Peripheral Nerve, Sciatic Axon, Degeneration | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |        | 88 |
| Spinal Cord                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 1.2 | 90 |

## **RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

### M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>0 W/kg                    |  | DAY ON TEST |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  |           |  |
|-------------------------------------------------|--|-------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------|------------------|------------------|-----------|--|
|                                                 |  |             | 0<br>7<br>5<br>0                               | 0<br>7<br>4<br>6                               | 0<br>7<br>4<br>5                               | 0<br>5<br>7<br>7                               | 0<br>7<br>4<br>3                               | 0<br>6<br>0<br>3                               | 0<br>7<br>4<br>3                               | 0<br>7<br>4<br>0                               | 0<br>6<br>0<br>3                               | 0<br>7<br>4<br>7                               | 0<br>7<br>4<br>0                               | 0<br>6<br>0<br>3 | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>4 | * TOTALS  |  |
|                                                 |  | ANIMAL ID   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>1<br>9<br>3 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>1<br>9<br>4 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                  |                  |                  |           |  |
| Infiltration Cellular, Histiocyte               |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>3.0  |  |
| Infiltration Cellular, Lymphocyte               |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 3<br>2.0  |  |
| Inflammation, Acute                             |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>3.0  |  |
| Inflammation, Chronic                           |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>2.0  |  |
| Alveolar Epithelium, Hyperplasia, Focal         |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>2.0  |  |
| Mediastinum                                     |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 2         |  |
| Nose                                            |  |             | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                | +                | +                | 89        |  |
| Inflammation, Acute                             |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>3.0  |  |
| Trachea                                         |  |             | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                | +                | +                | 90        |  |
| <b>SPECIAL SENSES SYSTEM</b>                    |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  |           |  |
| Eye                                             |  |             | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                | +                | +                | 89        |  |
| Harderian Gland                                 |  |             | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                | +                | +                | 89        |  |
| Infiltration Cellular, Lymphocyte               |  |             | 1                                              | 1                                              | 1                                              | 1                                              | 1                                              |                                                |                                                | 1                                              | 1                                              |                                                | 1                                              | 2                | 1                | 2                | 58<br>1.2 |  |
| <b>URINARY SYSTEM</b>                           |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  |           |  |
| Kidney                                          |  |             | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                                              | +                | +                | +                | 89        |  |
| Cyst                                            |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1         |  |
| Infarct                                         |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 14<br>1.7 |  |
| Metaplasia, Osseous                             |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 2         |  |
| Nephropathy, Chronic Progressive                |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 8<br>1.5  |  |
| Bilateral, Infarct                              |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>3.0  |  |
| Interstitial, Infiltration Cellular, Lymphocyte |  |             | 2                                              | 2                                              | 2                                              | 2                                              |                                                | 1                                              |                                                | 1                                              | 3                                              | 2                                              | 2                                              | 2                | 2                | 2                | 63<br>1.6 |  |
| Pelvis, Dilatation                              |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>3.0  |  |
| Renal Tubule, Dilation                          |  |             |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                                                |                  |                  |                  | 1<br>1.0  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |  |
|-----------------------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----------|--|
|                                   |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | * TOTALS |  |
| B6C3F1 MICE FEMALE<br>0 W/kg      |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0        |  |
| 7                                 | 7 | 7           | 7 | 4 | 6 | 7 | 5 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 6 | 0  | 0        |  |
| 5                                 | 4 | 5           | 4 | 9 | 4 | 4 | 7 | 4 | 4 | 4 | 0 | 3 | 7 | 3 | 5 | 4 | 0  | 0        |  |
| 0                                 | 6 | 0           | 4 | 3 | 8 | 5 | 7 | 3 | 0 | 3 | 7 | 3 | 0 | 7 | 4 | 4 | 0  | 0        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0        |  |
| 0                                 | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0        |  |
| 1                                 | 1 | 1           | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2        |  |
| 9                                 | 9 | 9           | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1  | 0        |  |
| 3                                 | 4 | 5           | 6 | 7 | 0 | 1 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 | 0 | 0  | 0        |  |
| Renal Tubule, Mineral             |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 1.0    |  |
| Urinary Bladder                   | + | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 86 |          |  |
| Infiltration Cellular, Lymphocyte | 2 | 2           | 2 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 62 | 1.8      |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | 0<br>6<br>3<br>8      | 0<br>7<br>5<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>3      | 0<br>5<br>6<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>5      | 0<br>5<br>5<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>1<br>4      | 0<br>7<br>1<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>9      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>5<br>1      | 0<br>7<br>5<br>0      | 0<br>7<br>5<br>2      | 0<br>7<br>5<br>0      | 0<br>4<br>4<br>6      |                       |                       |
| ANIMAL ID             | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 |
| 0<br>6<br>3<br>8      | 0<br>7<br>5<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>3      | 0<br>5<br>6<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>5      | 0<br>5<br>5<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>1<br>4      | 0<br>7<br>1<br>6      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>9      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>5<br>1      | 0<br>7<br>5<br>0      | 0<br>7<br>5<br>2      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>7      | 0<br>4<br>4<br>6      |                       |                       |
| 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>1<br>9 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 |                       |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

Heart

\* .. Total animals with tissue examin

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

### Lesion and mean severity

M .. Missing tissue

A .. Autolysis precludes evaluation

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate





**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

### Hypocellularity

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                  | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   | females<br>(cont...) |   |
|-------------------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|---|---|----------------------|---|
|                                                 |                          | 0<br>6<br>3<br>8 | 0<br>7<br>5<br>2 | 0<br>7<br>4<br>3 | 0<br>7<br>3<br>9 | 0<br>7<br>4<br>3 | 0<br>5<br>6<br>2 | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>5 | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>6 | 0<br>7<br>5<br>9 | 0<br>7<br>4<br>5 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>5 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>7 | 0<br>7<br>5<br>4 | 0<br>7<br>5<br>4 | 0<br>7<br>5<br>6 |   |   |   |   |                      |   |
| Trachea                                         |                          | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + |                      |   |
| <b>SPECIAL SENSES SYSTEM</b>                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Eye                                             |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | +                    |   |
| Cornea, Inflammation, Chronic Active            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Cornea, Necrosis                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Harderian Gland                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | +                    |   |
| Infiltration Cellular, Lymphocyte               |                          | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 2                | 1                | 1                | 2                | 2                | 1                | 1                | 1 | 1 | 1 | 2 | 1                    |   |
| Lacrimal Gland                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| <b>URINARY SYSTEM</b>                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Kidney                                          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | + | + | + | + | +                    |   |
| Glomerulopathy, Hyaline                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      | 4 |
| Infarct                                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Metaplasia, Osseous                             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Nephropathy, Chronic Progressive                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Interstitial, Infiltration Cellular, Lymphocyte |                          | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 1                |                  |                  |                  |                  |                  | 1                | 2                | 1                | 1                | 1                | 1                | 1 | 1 | 1 | 1 | 1                    |   |
| Papilla, Mineral                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Renal Tubule, Hyaline Droplet                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Renal Tubule, Vacuolization Cytoplasmic         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |
| Urinary Bladder                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | + | + | + | + | +                    |   |
| Infiltration Cellular, Lymphocyte               |                          | 1                | 2                | 2                | 1                | 2                |                  | 2                | 2                | +                | 1                | 2                | 1                | 1                | A                | 2                | 1                | 2                | +                | 2                | +                | 2 | 2 | + | 2 | 2                    |   |
| Arteriole, Inflammation, Chronic                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg |  | DAY ON TEST | ANIMAL ID |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |    |    |
|--------------------------------|--|-------------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|----|----|
|                                |  |             | 07        | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 05 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07                   |    |    |
|                                |  | 44          | 74        | 54 | 55 | 43 | 44 | 44 | 45 | 44 | 45 | 51 | 43 | 17 | 44 | 50 | 51 | 45 | 45 | 45 | 45 | 45 | 44                   | 51 | 43 |
|                                |  | 66          | 77        | 99 | 00 | 11 | 22 | 33 | 44 | 55 | 55 | 55 | 55 | 56 | 77 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 55                   | 66 | 77 |
|                                |  | 00          | 00        | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                   | 00 |    |
|                                |  | 00          | 00        | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                   | 00 |    |
|                                |  | 33          | 33        | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33                   | 33 |    |
|                                |  | 44          | 44        | 44 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 56 | 66 | 66 | 66 | 66 | 66 | 66 | 66 | 66 | 66 | 66                   | 77 | 77 |
|                                |  | 66          | 77        | 99 | 00 | 11 | 22 | 33 | 44 | 55 | 55 | 55 | 55 | 56 | 77 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 55                   | 66 | 77 |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

Heart

\* .. Total animals with tissue examined

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

### Lesion and mean severity grade

M .. Missing tissue

A .. Autolysis precludes evaluation

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 2.5 W/kg           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 6                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |                      |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 3 | 3         | 3           | 3                  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3                    |
| 4 | 4         | 4           | 4                  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7                    | 7                    |
| 6 | 7         | 9           | 0                  | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 1 | 1 | 1                    | 1                    |

Bacteria  
 Cardiomyopathy  
 Thrombus  
 Artery, Inflammation, Chronic Active  
 Myocardium, Inflammation, Acute

1

2

### ENDOCRINE SYSTEM

Adrenal Cortex  
 Accessory Adrenal Cortical Nodule  
 Vacuolization Cytoplasmic  
 Bilateral, Hyperplasia, Focal  
 Bilateral, Vacuolization Cytoplasmic  
 Subcapsular, Hyperplasia

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

Adrenal Medulla

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | 2 |

Islets, Pancreatic

Hyperplasia  
 Infiltration Cellular, Lymphocyte

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | M | M | + | + | + | + | M | M | M | + | + | + | M | + | M | M | M | M | M | + | + | M | M | M | M | M | M |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Parathyroid Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | 1 |
| 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

Pituitary Gland

Pars Distalis, Angiectasis  
 Pars Distalis, Cyst  
 Pars Distalis, Hyperplasia, Focal

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | + | + | + |   |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Thyroid Gland

Infiltration Cellular, Lymphocyte  
 Follicle, Cyst

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

- 1) Minimal
- 2) Mild
- 3) Moderate
- 4) Marked







**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta

Heart

\* .. Total animals with tissue examined

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

### lesion and mean severity grad

M .. Missing tissue

A .. Autolysis precludes evaluation

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade.

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

#### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                  | DAY ON TEST |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   | females<br>(cont...) |
|-------------------------------------------------|-------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|---|---|----------------------|
|                                                 |             | 0<br>7<br>4<br>3                     | 0<br>7<br>4<br>5                     | 0<br>7<br>3<br>0                     | 0<br>7<br>5<br>1                     | 0<br>7<br>2<br>9                     | 0<br>7<br>3<br>2                     | 0<br>6<br>3<br>6                     | 0<br>7<br>4<br>0                     | 0<br>7<br>5<br>1                     | 0<br>6<br>7<br>0                     | 0<br>7<br>5<br>7                     | 0<br>7<br>4<br>6                     | 0<br>7<br>4<br>0                     | 0<br>7<br>3<br>3                     | 0<br>7<br>4<br>0                     | 0<br>7<br>3<br>1                     | 0<br>7<br>4<br>4                     | 0<br>6<br>6<br>7                     | 0<br>7<br>4<br>0                     | 0<br>7<br>6<br>4                     | 0<br>7<br>4<br>6                     |   |   |   |                      |
| ANIMAL ID                                       |             | 0<br>0<br>0<br>0<br>3<br>3<br>7<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>7<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>7<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>0 |   |   |   |                      |
| Hypocellularity                                 |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   | 2                    |
| Lymph Node                                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Iliac, Erythrophagocytosis                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Iliac, Hyperplasia, Lymphoid                    |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Iliac, Infiltration Cellular, Histiocyte        |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Iliac, Infiltration Cellular, Mixed Cell        |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Lumbar, Hyperplasia, Lymphoid                   |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Mediastinal, Hyperplasia, Lymphoid              |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Mediastinal, Infiltration Cellular, Plasma Cell |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Renal, Hyperplasia, Lymphoid                    |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Lymph Node, Mandibular                          |             |                                      |                                      | M                                    |                                      | M                                    |                                      | +                                    |                                      | +                                    |                                      | M                                    |                                      | +                                    | +                                    | +                                    | +                                    | +                                    | M                                    | +                                    | +                                    | +                                    | + | + | M | +                    |
| Hemorrhage                                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   | 1                    |
| Hyperplasia, Lymphoid                           |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Lymph Node, Mesenteric                          |             |                                      |                                      |                                      |                                      | A                                    |                                      | M                                    |                                      | M                                    |                                      | +                                    |                                      | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | + | + | + |                      |
| Angiectasis                                     |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Hemorrhage                                      |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Hyperplasia, Lymphoid                           |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Infiltration Cellular, Histiocyte               |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Infiltration Cellular, Plasma Cell              |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Spleen                                          |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Extramedullary Hematopoiesis                    |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Hyperplasia, Lymphoid                           |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Thymus                                          |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Atrophy                                         |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |
| Cyst                                            |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |   |   |   |                      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|          |           | DAY ON TEST | B6C3F1 MICE FEMALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | females<br>(cont...) |
|----------|-----------|-------------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
|          |           |             | 0743               | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  | 0743  |                      |
| 2.5 W/kg | ANIMAL ID | 00372       | 00372              | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 |                      |
|          |           | 00372       | 00372              | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 | 00372 |       |                      |

Infiltration Cellular, Histiocyte

### INTEGUMENTARY SYSTEM

Mammary Gland  
 Hyperplasia, Diffuse  
 Duct, Dilation

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

&lt;p



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                  | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   | females<br>(cont...) |   |  |
|-------------------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|---|---|---|---|----------------------|---|--|
|                                                 |                          | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>5 | 0<br>7<br>3<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>2 | 0<br>6<br>0<br>6 | 0<br>7<br>5<br>0 | 0<br>6<br>4<br>1 | 0<br>7<br>5<br>0 | 0<br>6<br>4<br>3 | 0<br>7<br>4<br>0 | 0<br>7<br>7<br>1 | 0<br>6<br>6<br>4 | 0<br>7<br>4<br>0 | 0<br>7<br>6<br>7 | 0<br>6<br>4<br>4 | 0<br>7<br>4<br>6 |   |   |   |   |   |   |                      |   |  |
| Trachea                                         |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | + | + |                      |   |  |
| <b>SPECIAL SENSES SYSTEM</b>                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Eye                                             |                          | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | + | + | +                    |   |  |
| Cornea, Inflammation, Chronic Active            |                          |                  |                  |                  |                  |                  | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Cornea, Necrosis                                |                          |                  |                  |                  |                  |                  | 4                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Harderian Gland                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | + | + | +                    |   |  |
| Infiltration Cellular, Lymphocyte               |                          | 1                | 1                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 1                | 1                | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 1 | 2 | 1 | 1 | 1 | 1 | 1                    |   |  |
| Lacrimal Gland                                  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| <b>URINARY SYSTEM</b>                           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Kidney                                          |                          | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | + | + | +                    |   |  |
| Glomerulopathy, Hyaline                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Infarct                                         |                          |                  |                  |                  |                  |                  |                  | 1                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Metaplasia, Osseous                             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Nephropathy, Chronic Progressive                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Interstitial, Infiltration Cellular, Lymphocyte |                          | 1                | 1                | 1                |                  |                  |                  |                  | 2                | 1                |                  |                  | 1                |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Papilla, Mineral                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Renal Tubule, Hyaline Droplet                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Renal Tubule, Vacuolization Cytoplasmic         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |
| Urinary Bladder                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | + | + | + | + | + | +                    |   |  |
| Infiltration Cellular, Lymphocyte               |                          | 1                | 1                | 1                | 2                | 2                |                  | 3                | 1                |                  | 1                | 1                | 2                |                  | 1                | 1                | 2                | 1                | 1                | 1 | 2 | 2 | 1 | 1 | 2 | 2                    | 1 |  |
| Arteriole, Inflammation, Chronic                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |   |   |   |   |   |                      |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                |             | 4 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| B6C3F1 MICE FEMALE<br>2.5 W/kg | ANIMAL ID   | 5 | 5 | 4 | 4 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 4 |
|                                |             | 8 | 1 | 0 | 5 | 0 | 6 | 0 | 5 | 0 | 6 | 0 | 1 | 0 | 6 |
| B6C3F1 MICE FEMALE<br>2.5 W/kg | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B6C3F1 MICE FEMALE<br>2.5 W/kg | ANIMAL ID   | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                                |             | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| B6C3F1 MICE FEMALE<br>2.5 W/kg | ANIMAL ID   | 3 | 4 | 5 | 6 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 7 | 8 | 9 |
|                                |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* **TOTALS**

### ALIMENTARY SYSTEM

|                                          |                               |        |
|------------------------------------------|-------------------------------|--------|
| Esophagus                                | + + + + + + + + + + + + + +   | 90     |
| Gallbladder                              | A + + + + + + + + + + + + + + | 75     |
| Cyst                                     |                               | 1      |
| Infiltration Cellular, Lymphocyte        |                               | 5 1.6  |
| Intestine Large, Cecum                   | + + + + + + + + + + + + + +   | 82     |
| Intestine Large, Colon                   | + + + + + + + + + + + + + +   | 84     |
| Intestine Large, Rectum                  | + + + + + + + + + + + + + +   | 86     |
| Intestine Small, Duodenum                | + + + + + + + + + + + + + +   | 83     |
| Intestine Small, Ileum                   | + + + + + + + + + + + + + +   | 82     |
| Intestine Small, Jejunum                 | A + + + + + + + + + + + + + + | 81     |
| Peyer's Patch, Hyperplasia, Lymphoid     |                               | 1 2.0  |
| Liver                                    | + + + + + + + + + + + + + +   | 90     |
| Basophilic Focus                         | X                             | 2      |
| Eosinophilic Focus                       |                               | 1      |
| Fatty Change                             |                               | 1 2.0  |
| Hemorrhage                               |                               | 1 2.0  |
| Infiltration Cellular, Lymphocyte        | 1                             | 25 1.4 |
| Infiltration Cellular, Mononuclear Cell  | 1                             | 2 2.0  |
| Infiltration Cellular, Polymorphonuclear |                               | 1 2.0  |
| Inflammation, Focal                      | 2                             | 2 1.5  |
| Mixed Cell Focus                         | 1                             | 1      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                     | 2.5 W/kg | DAY ON TEST |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|----------------------------------------|----------|-------------|------------------|------------------|------------------|------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                        |          |             | 0<br>4<br>5<br>8 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>5<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>1 |
| ANIMAL ID                              |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |                  |
|                                        |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Necrosis                               |          |             | 3                |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 2.2            |
| Bile Duct, Cyst                        |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| Mesentery                              |          |             | +                |                  | +                |                  | +           |                  | +                |                  | +                |                  | +                |                  |                  |                  | 24               |
| Artery, Inflammation, Chronic          |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0            |
| Fat, Infiltration Cellular, Lymphocyte |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0            |
| Fat, Inflammation, Granulomatous       |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Fat, Mineral                           |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Fat, Necrosis                          |          |             | 1                |                  | 2                |                  | 2           |                  |                  |                  |                  |                  |                  |                  |                  |                  | 19 2.4           |
| Pancreas                               |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                |                  | 88               |
| Infiltration Cellular, Lipocyte        |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0            |
| Infiltration Cellular, Lymphocyte      |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 26 1.2           |
| Duct, Cyst                             |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| Salivary Glands                        |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                |                  | 89               |
| Infiltration Cellular, Lymphocyte      |          |             |                  | 1                | 2                | 2                | 2           |                  | 1                | 1                | 1                |                  |                  |                  |                  |                  | 54 1.5           |
| Inflammation, Acute                    |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |
| Arteriole, Inflammation, Chronic       |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Stomach, Forestomach                   |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                |                  | 89               |
| Ulcer                                  |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Stomach, Glandular                     |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                |                  | 87               |
| Cyst                                   |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3                |

### CARDIOVASCULAR SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Aorta | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | 88 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                    |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
|--------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
| B6C3F1 MICE FEMALE |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
| 2.5 W/kg           |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |  |
| 4                  | 7 | 7           | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |  |
| 5                  | 5 | 4           | 4 | 5 | 4 | 5 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 5        |  |
| 8                  | 1 | 0           | 5 | 0 | 6 | 0 | 5 | 0 | 6 | 0 | 1 | 0 | 6 | 1 | 0 | 6 | 1        |  |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |  |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |  |
| 4                  | 4 | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4        |  |
| 0                  | 0 | 0           | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2        |  |
| 3                  | 4 | 5           | 6 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 7 | 8 | 9 | 0 | 0 | 0 | 0        |  |

Bacteria  
 Cardiomyopathy  
 Thrombus  
 Artery, Inflammation, Chronic Active  
 Myocardium, Inflammation, Acute

1  
 1 1.0  
 1 3.0  
 4 2.5  
 1 2.0

### ENDOCRINE SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Adrenal Cortex                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88     |
| Accessory Adrenal Cortical Nodule    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |
| Vacuolization Cytoplasmic            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.0  |
| Bilateral, Hyperplasia, Focal        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Bilateral, Vacuolization Cytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 2.3  |
| Subcapsular, Hyperplasia             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 85 2.0 |
| Adrenal Medulla                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 84     |
| Islets, Pancreatic                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 88     |
| Hyperplasia                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 2.0  |
| Infiltration Cellular, Lymphocyte    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 1.5  |
| Parathyroid Gland                    | M | M | M | M | + | + | + | + | M | + | + | + | M | + | + | + | 57     |
| Pituitary Gland                      | + | + | + | + | + | + | + | + | + | + | + | + | I | + | + | + | 80     |
| Pars Distalis, Angiectasis           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7 1.9  |
| Pars Distalis, Cyst                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3      |
| Pars Distalis, Hyperplasia, Focal    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 2.3  |
| Thyroid Gland                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |
| Infiltration Cellular, Lymphocyte    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 1.2  |
| Follicle, Cyst                       | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **GENERAL BODY SYSTEM**

Tissue NOS + 1

## **GENITAL SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| Clitoral Gland                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 84     |
| Ovary                            | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 86     |
| Angiectasis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Cyst                             |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   | 13     |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.5  |
| Hyperplasia, Cystic, Papillary   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Follicle, Cyst                   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 11     |
| Granulosa Cell, Hyperplasia      |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 2 2.5  |
| Uterus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90     |
| Angiectasis                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6 3.0  |
| Congestion                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |
| Dilation                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 29 2.9 |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Inflammation, Acute              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Endometrium, Hyperplasia         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |
| Endometrium, Hyperplasia, Cystic | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 |   | 75 2.5 |

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE FEMALE<br>2.5 W/kg                  | DAY ON TEST     |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |
|-------------------------------------------------|-----------------|-------------------------------|------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|
|                                                 |                 | 0<br>4<br>5<br>8              | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>0      | 0<br>7<br>5<br>6 | 0<br>4<br>5<br>0 | 0<br>5<br>4<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>1 | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>6 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>6 | 0<br>7<br>5<br>1 |          |
| ANIMAL ID                                       |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |
|                                                 | Hypocellularity |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Lymph Node                                      |                 | + +                           |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 20       |
| Iliac, Erythrophagocytosis                      |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Iliac, Hyperplasia, Lymphoid                    |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.5    |
| Iliac, Infiltration Cellular, Histiocyte        |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Iliac, Infiltration Cellular, Mixed Cell        |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Lumbar, Hyperplasia, Lymphoid                   |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Mediastinal, Hyperplasia, Lymphoid              |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.0    |
| Mediastinal, Infiltration Cellular, Plasma Cell |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |
| Renal, Hyperplasia, Lymphoid                    |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0    |
| Lymph Node, Mandibular                          |                 | + + + + M                     | + M              | + + + + + + + + + + + |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 77       |
| Hemorrhage                                      |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.5    |
| Hyperplasia, Lymphoid                           |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Lymph Node, Mesenteric                          |                 | + + + + + + + + + + + + + + + |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 84       |
| Angiectasis                                     |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |
| Hemorrhage                                      |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.0    |
| Hyperplasia, Lymphoid                           |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 2.2   |
| Infiltration Cellular, Histiocyte               |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8 2.0    |
| Infiltration Cellular, Plasma Cell              |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0    |
| Spleen                                          |                 | + + + + + + + + + + + + + + + |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 87       |
| Extramedullary Hematopoiesis                    |                 | 2                             |                  | 3                     | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 15 2.6   |
| Hyperplasia, Lymphoid                           |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 7 2.0    |
| Thymus                                          | M               | + + + + + + + + + + + + + + + |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 80       |
| Atrophy                                         |                 |                               |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 3.0    |
| Cyst                                            |                 | 4                             |                  |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

# **NERVOUS SYSTEM**

Brain + + + + + + + + + + + + + + + + + + 90  
 Inflammation, Chronic 1 2.0  
 Mineral 1 1 1 1 1 1 1 2 2 1 1 1 1 2 78 1.4

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

BEANK ... Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                             | 2.5 W/kg | DAY ON TEST |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|------------------------------------------------|----------|-------------|------------------|------------------|------------------|------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                                |          |             | 0<br>4<br>5<br>8 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>5<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>1 | 0<br>7<br>4<br>0 | 0<br>7<br>5<br>6 | 0<br>7<br>4<br>1 |
| ANIMAL ID                                      |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |                  |
|                                                |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Necrosis                                       |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  | 1                | 3.0              |
| Artery, Meninges, Inflammation, Chronic Active |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 2.0            |
| Brain Trigeminal Ganglion                      |          |             | M                | M                | +                | +                | +           | +                | +                | +                | M                | +                | +                | M                | +                | +                | 74               |
| Nerve Trigeminal                               |          |             | +                | M                | +                | +                | +           | +                | +                | +                | M                | M                | M                | M                | M                | M                | 58               |
| Peripheral Nerve, Sciatic Axon, Degeneration   |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87               |
| Spinal Cord                                    |          |             | +                | +                | +                | +                | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |
| Cyst, Squamous                                 |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| Necrosis                                       |          |             |                  |                  |                  |                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.0            |
| Artery, Meninges, Inflammation, Chronic Active |          |             | 1                | 1                |                  |                  |             |                  |                  |                  | 1                | 1                |                  |                  |                  |                  | 5 1.2            |

### RESPIRATORY SYSTEM

|                                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|-------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Lung                                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90    |
| Congestion                                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.0 |
| Hemorrhage                                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0 |
| Hyperplasia, Lymphoid                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Infiltration Cellular, Histiocyte                     | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 2.5 |
| Infiltration Cellular, Lymphocyte                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Infiltration Cellular, Mononuclear Cell               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Alveolar Epithelium, Hyperplasia, Focal               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |
| Serosa, Inflammation, Chronic                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 1.0 |
| Nose                                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 90    |
| Respiratory Epithelium, Accumulation, Hyaline Droplet |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                              | 2.5 W/kg                   | DAY ON TEST                |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|-------------------------------------------------|----------------------------|----------------------------|-------------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                                                 |                            |                            | 0<br>4<br>5<br>8                    | 0<br>7<br>5<br>1           | 0<br>7<br>4<br>0      | 0<br>7<br>5<br>6      | 0<br>4<br>5<br>0      | 0<br>5<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>5<br>6      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>1      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>6      | 0<br>7<br>4<br>1      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>1      |          |
| ANIMAL ID                                       | 0<br>0<br>4<br>0<br>0<br>3 | 0<br>0<br>4<br>0<br>4<br>4 | 0<br>0<br>4<br>0<br>0<br>5          | 0<br>0<br>4<br>0<br>0<br>8 | 0<br>0<br>4<br>1<br>0 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 | * TOTALS |
|                                                 | 0<br>0<br>4<br>0<br>0<br>3 | 0<br>0<br>4<br>0<br>4<br>4 | 0<br>0<br>4<br>0<br>0<br>5          | 0<br>0<br>4<br>0<br>0<br>8 | 0<br>0<br>4<br>1<br>0 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |          |
| Trachea                                         |                            |                            | + + + + + + + + + + + + + + + +     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 89       |
| <b>SPECIAL SENSES SYSTEM</b>                    |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Eye                                             |                            |                            | + + + + + + + + + + + + + + + +     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 88       |
| Cornea, Inflammation, Chronic Active            |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Cornea, Necrosis                                |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 4.0    |
| Harderian Gland                                 |                            |                            | + + + + + + + + + + + + + + + +     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 90       |
| Infiltration Cellular, Lymphocyte               |                            |                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 68 1.2   |
| Lacrimal Gland                                  |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>URINARY SYSTEM</b>                           |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Kidney                                          |                            |                            | + + + + + + + + + + + + + + + +     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 87       |
| Glomerulopathy, Hyaline                         |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.5    |
| Infarct                                         |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 19 1.8   |
| Metaplasia, Osseous                             |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Nephropathy, Chronic Progressive                |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 15 1.1   |
| Interstitial, Infiltration Cellular, Lymphocyte |                            |                            | 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 60 1.3   |
| Papilla, Mineral                                |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 1.5    |
| Renal Tubule, Hyaline Droplet                   |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |
| Renal Tubule, Vacuolization Cytoplasmic         |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0    |
| Urinary Bladder                                 |                            |                            | + + M + + + + + + + + + + + + + +   |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 87       |
| Infiltration Cellular, Lymphocyte               |                            |                            | 2 1 2 1 1 1 1 2 1 1 1 2 1 1 2 1 2   |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 67 1.6   |
| Arteriole, Inflammation, Chronic                |                            |                            |                                     |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|  | | DAY ON TEST | B6C3F1 MICE FEMALE | | | | | | | | | | | | | | | | | | | | | | | | females (cont...) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | | 0746 | 0631 | 0743 | 0754 | 0521 | 0513 | 0501 | 0551 | 0552 | 0553 | 0554 | 0555 | 0556 | 0557 | 0558 | 0559 | 05510 | 05511 | 05512 | 05513 | 05514 | 05515 | 05516 | 05517 | 05518 | 05519 | 05520 | 05521 | 05522 | 05523 | 05524 | 05525 | 05526 | 05527 | 05528 | 05529 | 05530 | 05531 | 05532 | 05533 | 05534 | 05535 | 05536 | 05537 | 05538 | 05539 | 05540 | 05541 | 05542 | 05543 | 05544 | 05545 | 05546 | 05547 | 05548 | 05549 | 05550 | 05551 | 05552 | 05553 | 05554 | 05555 | 05556 | 05557 | 05558 | 05559 | 055510 | 055511 | 055512 | 055513 | 055514 | 055515 | 055516 | 055517 | 055518 | 055519 | 055520 | 055521 | 055522 | 055523 | 055524 | 055525 | 055526 | 055527 | 055528 | 055529 | 055530 | 055531 | 055532 | 055533 | 055534 | 055535 | 055536 | 055537 | 055538 | 055539 | 055540 | 055541 | 055542 | 055543 | 055544 | 055545 | 055546 | 055547 | 055548 | 055549 | 055550 | 055551 | 055552 | 055553 | 055554 | 055555 | 055556 | 055557 | 055558 | 055559 | 0555510 | 0555511 | 0555512 | 0555513 | 0555514 | 0555515 | 0555516 | 0555517 | 0555518 | 0555519 | 0555520 | 0555521 | 0555522 | 0555523 | 0555524 | 0555525 | 0555526 | 0555527 | 0555528 | 0555529 | 0555530 | 0555531 | 0555532 | 0555533 | 0555534 | 0555535 | 0555536 | 0555537 | 0555538 | 0555539 | 0555540 | 0555541 | 0555542 | 0555543 | 0555544 | 0555545 | 0555546 | 0555547 | 0555548 | 0555549 | 0555550 | 0555551 | 0555552 | 0555553 | 0555554 | 0555555 | 0555556 | 0555557 | 0555558 | 0555559 | 05555510 | 05555511 | 05555512 | 05555513 | 05555514 | 05555515 | 05555516 | 05555517 | 05555518 | 05555519 | 05555520 | 05555521 | 05555522 | 05555523 | 05555524 | 05555525 | 05555526 | 05555527 | 05555528 | 05555529 | 05555530 | 05555531 | 05555532 | 05555533 | 05555534 | 05555535 | 05555536 | 05555537 | 05555538 | 05555539 | 05555540 | 05555541 | 05555542 | 05555543 | 05555544 | 05555545 | 05555546 | 05555547 | 05555548 | 05555549 | 05555550 | 05555551 | 05555552 | 05555553 | 05555554 | 05555555 | 05555556 | 05555557 | 05555558 | 05555559 | 055555510 | 055555511 | 055555512 | 055555513 | 055555514 | 055555515 | 055555516 | 055555517 | 055555518 | 055555519 | 055555520 | 055555521 | 055555522 | 055555523 | 055555524 | 055555525 | 055555526 | 055555527 | 055555528 | 055555529 | 055555530 | 055555531 | 055555532 | 055555533 | 055555534 | 055555535 | 055555536 | 055555537 | 055555538 | 055555539 | 055555540 | 055555541 | 055555542 | 055555543 | 055555544 | 055555545 | 055555546 | 055555547 | 055555548 | 055555549 | 055555550 | 055555551 | 055555552 | 055555553 | 055555554 | 055555555 | 055555556 | 055555557 | 055555558 | 055555559 | 0555555510 | 0555555511 | 0555555512 | 0555555513 | 0555555514 | 0555555515 | 0555555516 | 0555555517 | 0555555518 | 0555555519 | 0555555520 | 0555555521 | 0555555522 | 0555555523 | 0555555524 | 0555555525 | 0555555526 | 0555555527 | 0555555528 | 0555555529 | 0555555530 | 0555555531 | 0555555532 | 0555555533 | 0555555534 | 0555555535 | 0555555536 | 0555555537 | 0555555538 | 0555555539 | 0555555540 | 0555555541 | 0555555542 | 0555555543 | 0555555544 | 0555555545 | 0555555546 | 0555555547 | 0555555548 | 0555555549 | 0555555550 | 0555555551 | 0555555552 | 0555555553 | 0555555554 | 0555555555 | 0555555556 | 0555555557 | 0555555558 | 0555555559 | 05555555510 | 05555555511 | 05555555512 | 05555555513 | 05555555514 | 05555555515 | 05555555516 | 05555555517 | 05555555518 | 05555555519 | 05555555520 | 05555555521 | 05555555522 | 05555555523 | 05555555524 | 05555555525 | 05555555526 | 05555555527 | 05555555528 | 05555555529 | 05555555530 | 05555555531 | 05555555532 | 05555555533 | 05555555534 | 05555555535 | 05555555536 | 05555555537 | 05555555538 | 05555555539 | 05555555540 | 05555555541 | 05555555542 | 05555555543 | 05555555544 | 05555555545 | 05555555546 | 05555555547 | 05555555548 | 05555555549 | 05555555550 | 05555555551 | 05555555552 | 05555555553 | 05555555554 | 05555555555 | 05555555556 | 05555555557 | 05555555558 | 05555555559 | 055555555510 | 055555555511 | 055555555512 | 055555555513 | 055555555514 | 055555555515 | 055555555516 | 055555555517 | 055555555518 | 055555555519 | 055555555520 | 055555555521 | 055555555522 | 055555555523 | 055555555524 | 055555555525 | 055555555526 | 055555555527 | 055555555528 | 055555555529 | 055555555530 | 055555555531 | 055555555532 | 055555555533 | 055555555534 | 055555555535 | 055555555536 | 055555555537 | 055555555538 | 055555555539 | 055555555540 | 055555555541 | 055555555542 | 055555555543 | 055555555544 | 055555555545 | 055555555546 | 055555555547 | 055555555548 | 055555555549 | 055555555550 | 055555555551 | 055555555552 | 055555555553 | 055555555554 | 055555555555 | 055555555556 | 055555555557 | 055555555558 | 055555555559 | 0555555555510 | 0555555555511 | 0555555555512 | 0555555555513 | 0555555555514 | 0555555555515 | 0555555555516 | 0555555555517 | 0555555555518 | 0555555555519 | 0555555555520 | 0555555555521 | 0555555555522 | 0555555555523 | 0555555555524 | 0555555555525 | 0555555555526 | 0555555555527 | 0555555555528 | 0555555555529 | 0555555555530 | 0555555555531 | 0555555555532 | 0555555555533 | 0555555555534 | 0555555555535 | 0555555555536 | 0555555555537 | 0555555555538 | 0555555555539 | 0555555555540 | 0555555555541 | 0555555555542 | 0555555555543 | 0555555555544 | 0555555555545 | 0555555555546 | 0555555555547 | 0555555555548 | 0555555555549 | 0555555555550 | 0555555555551 | 0555555555552 | 0555555555553 | 0555555555554 | 0555555555555 | 0555555555556 | 0555555555557 | 0555555555558 | 0555555555559 | 05555555555510 | 05555555555511 | 05555555555512 | 05555555555513 | 05555555555514 | 05555555555515 | 05555555555516 | 05555555555517 | 05555555555518 | 05555555555519 | 05555555555520 | 05555555555521 | 05555555555522 | 05555555555523 | 05555555555524 | 05555555555525 | 05555555555526 | 05555555555527 | 05555555555528 | 05555555555529 | 05555555555530 | 05555555555531 | 05555555555532 | 05555555555533 | 05555555555534 | 05555555555535 | 05555555555536 | 05555555555537 | 05555555555538 | 05555555555539 | 05555555555540 | 05555555555541 | 05555555555542 | 05555555555543 | 05555555555544 | 05555555555545 | 05555555555546 | 05555555555547 | 05555555555548 | 05555555555549 | 05555555555550 | 05555555555551 | 05555555555552 | 05555555555553 | 05555555555554 | 05555555555555 | 05555555555556 | 05555555555557 | 05555555555558 | 05555555555559 | 055555555555510 | 055555555555511 | 055555555555512 | 055555555555513 | 055555555555514 | 055555555555515 | 055555555555516 | 055555555555517 | 055555555555518 | 055555555555519 | 055555555555520 | 055555555555521 | 055555555555522 | 055555555555523 | 055555555555524 | 055555555555525 | 055555555555526 | 055555555555527 | 055555555555528 | 055555555555529 | 055555555555530 | 055555555555531 | 055555555555532 | 055555555555533 | 055555555555534 | 055555555555535 | 055555555555536 | 055555555555537 | 055555555555538 | 055555555555539 | 055555555555540 | 055555555555541 | 055555555555542 | 055555555555543 | 055555555555544 | 055555555555545 | 055555555555546 | 055555555555547 | 055555555555548 | 055555555555549 | 055555555555550 | 055555555555551 | 055555555555552 | 055555555555553 | 055555555555554 | 055555555555555 | 055555555555556 | 055555555555557 | 055555555555558 | 055555555555559 | 0555555555555510 | 0555555555555511 | 0555555555555512 | 0555555555555513 | 0555555555555514 | 0555555555555515 | 0555555555555516 | 0555555555555517 | 0555555555555518 | 0555555555555519 | 0555555555555520 | 0555555555555521 | 0555555555555522 | 0555555555555523 | 0555555555555524 | 0555555555555525 | 0555555555555526 | 0555555555555527 | 0555555555555528 | 0555555555555529 | 0555555555555530 | 0555555555555531 | 0555555555555532 | 0555555555555533 | 0555555555555534 | 0555555555555535 | 0555555555555536 | 0555555555555537 | 0555555555555538 | 0555555555555539 | 0555555555555540 | 0555555555555541 | 0555555555555542 | 0555555555555543 | 0555555555555544 | 0555555555555545 | 0555555555555546 | 0555555555555547 | 0555555555555548 | 0555555555555549 | 0555555555555550 | 0555555555555551 | 0555555555555552 | 0555555555555553 | 0555555555555554 | 0555555555555555 | 0555555555555556 | 0555555555555557 | 0555555555555558 | 0555555555555559 | 05555555555555510 | 05555555555555511 | 05555555555555512 | 05555555555555513 | 05555555555555514 | 05555555555555515 | 05555555555555516 | 05555555555555517 | 05555555555555518 | 05555555555555519 | 05555555555555520 | 05555555555555521 | 05555555555555522 | 05555555555555523 | 05555555555555524 | 05555555555555525 | 05555555555555526 | 05555555555555527 | 05555555555555528 | 05555555555555529 | 05555555555555530 | 05555555555555531 | 05555555555555532 | 05555555555555533 | 05555555555555534 | 05555555555555535 | 05555555555555536 | 05555555555555537 | 05555555555555538 | 05555555555555539 | 05555555555555540 | 05555555555555541 | 05555555555555542 | 05555555555555543 | 05555555555555544 | 05555555555555545 | 05555555555555546 | 05555555555555547 | 05555555555555548 | 05555555555555549 | 05555555555555550 | 05555555555555551 | 05555555555555552 | 05555555555555553 | 05555555555555554 | 05555555555555555 | 05555555555555556 | 05555555555555557 | 05555555555555558 | 05555555555555559 | 055555555555555510 | 055555555555555511 | 055555555555555512 | 055555555555555513 | 055555555555555514 | 055555555555555515 | 055555555555555516 | 055555555555555517 | 055555555555555518 | 055555555555555519 | 055555555555555520 | 055555555555555521 | 055555555555555522 | 055555555555555523 | 055555555555555524 | 055555555555555525 | 055555555555555526 | 055555555555555527 | 055555555555555528 |  |



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## INTEGUMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked







**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

#### Urothelium, Hyperplasia

2

**females  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **GENERAL BODY SYSTEM**

### **Peritoneum**

## Tissue NOS

## **GENITAL SYSTEM**

## Clitoral Gland Duct, Cyst

Ovary  
Angiectasis  
Cyst

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## INTEGUMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked





**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Cornea, Inflammation, Chronic Cornea, Necrosis

2

**Harderian Gland**  
Hyperplasia, Focal  
Infiltration Cellular, Lymphocyte

## Lacrimal Gland

## Zymbal's Gland

## **URINARY SYSTEM**

Kidney  
Infarct  
Inflammation, Acute  
Metaplasia, Osseous  
Nephropathy, Chronic Progressive  
Interstitial, Infiltration Cellular, Lymphocyte  
Papilla, Mineral  
Pelvis, Necrosis  
Renal Tubule, Dilation  
Renal Tubule, Mineral

Ureter

### Urethra

Urinary Bladder  
Infiltration Cellular, Lymphocyte  
Inflammation, Acute

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

### **Urothelium, Hyperplasia**

## females (cont...)

B6C3E1 MICE FFMAI E

5 W/kg

ANIMAL ID

### **Urothelium, Hyperplasia**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |                      |  |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|----------------------|--|
|             | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7               |                      |  |
| ANIMAL ID   | 0<br>0               | females<br>(cont...) |  |
|             | 4<br>5 | 5<br>0 | 5<br>0 | 4<br>6 | 0<br>6 | 4<br>4 | 5<br>0 | 1<br>2 | 4<br>0 | 4<br>4 | 1<br>5 | 5<br>0 | 9<br>3 | 4<br>3 | 7<br>5 | 4<br>0 | 6<br>6 | 4<br>6 | 4<br>6 | 3<br>3 | 4<br>6               | 5<br>0               |  |
|             | 5<br>8 | 5<br>8 | 5<br>8 | 5<br>8 | 5<br>9 | 5<br>0 | 6<br>0 | 6<br>0 | 6<br>0 | 6<br>0 | 6<br>0 | 6<br>1               | 6<br>1               |  |
|             | 5<br>6 | 6<br>7 | 7<br>8 | 8<br>9 | 8<br>9 | 9<br>0 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 9<br>9 | 0<br>0 | 1<br>1 | 3<br>3 | 4<br>4 | 5<br>5 | 7<br>7 | 8<br>8 | 9<br>9               | 0<br>0               |  |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

| B6C3F1 MICE FEMALE<br>5 W/kg          | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        | females<br>(cont...) |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------|----------------------|
|                                       |                            | 0<br>7<br>4<br>5           | 0<br>7<br>5<br>0           | 0<br>6<br>0                | 0<br>7<br>1                | 0<br>4<br>0                | 0<br>4<br>4                | 0<br>7<br>4                | 0<br>7<br>3<br>9           | 0<br>6<br>5<br>0           | 0<br>7<br>4<br>6           | 0<br>7<br>4<br>6           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>6           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>1           | 0<br>7<br>5<br>3           | 0<br>7<br>4<br>1           | 0<br>7<br>5<br>3           | 0<br>7<br>5<br>3           |        |                      |
| ANIMAL ID                             | 0<br>0<br>5<br>5<br>8<br>5 | 0<br>0<br>5<br>5<br>8<br>6 | 0<br>0<br>5<br>5<br>8<br>7 | 0<br>0<br>5<br>5<br>9<br>8 | 0<br>0<br>5<br>5<br>9<br>9 | 0<br>0<br>5<br>5<br>9<br>9 | 0<br>0<br>5<br>5<br>9<br>9 | 0<br>0<br>5<br>5<br>9<br>9 | 0<br>0<br>5<br>5<br>9<br>9 | 0<br>0<br>6<br>6<br>0<br>0 |        |                      |
| Bile Duct, Cyst                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Hepatocyte, Fatty Change, Focal       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Hepatocyte, Hyperplasia               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Hepatocyte, Hypertrophy               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Hepatocyte, Vacuolization Cytoplasmic |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Mesentery                             | +<br>3                     | +<br>3                     | +<br>2                     | +<br>1                     | +<br>3                     | +<br>3                     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Fat, Mineral                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Fat, Necrosis                         |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Oral Mucosa                           |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Pancreas                              | +<br>2                     | +<br>2                     | +<br>2                     | +<br>1                     | +<br>1                     | A<br>1                     | +<br>1                     | +<br>1                     | +<br>1                     | +<br>1                     | +<br>2                     | +<br>2                     | +<br>1                     | +<br>1 | +<br>1               |
| Infiltration Cellular, Histiocyte     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Infiltration Cellular, Lymphocyte     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Acinus, Atrophy                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Duct, Cyst                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Salivary Glands                       | +<br>2                     | +<br>2                     | +<br>1                     | +<br>2                     | +<br>2                     | +<br>2                     | +<br>2                     | +<br>2                     | +<br>2                     | +<br>1                     | +<br>1                     | +<br>1                     | +<br>1                     | +<br>2 | +<br>2               |
| Infiltration Cellular, Lymphocyte     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Mineral                               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Stomach, Forestomach                  | +<br>2                     | +<br>2 | +<br>2               |
| Cyst                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Hyperkeratosis                        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Epithelium, Hyperplasia, Focal        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Stomach, Glandular                    | +<br>2                     | +<br>2 | +<br>2               |
| Cyst                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |
| Infiltration Cellular, Lymphocyte     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |        |                      |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked





Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|        |  | DAY ON TEST | B6C3F1 MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|--------|--|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|        |  |             | 074550             | 075500 | 074606 | 074604 | 075102 | 074044 | 075015 | 074903 | 075309 | 074303 | 075505 | 074606 | 074603 | 075606 | 074607 | 074607 | 074607 | 074607 | 074607 | 074607 | 074607 | 074607 | 074607 | 074607 |                      |
|        |  | ANIMAL ID   | 000555             | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 | 000555 |                      |
| 5 W/kg |  |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |

Cyst, Squamous

Hemorrhage

Hyperplasia, Cystic, Papillary

Thrombus

Follicle, Cyst

3

X

Oviduct

Uterus

Angiectasis

Dilation

Hemorrhage

Infiltration Cellular, Lymphocyte

Endometrium, Hyperplasia, Cystic

+

4

3

4

+

3

3

3

+

4

4

+

3

3

+

2

+

2

+

1

+

3

+

2

+

3

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

2

+

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked







Experiment Number: 20105 - 78

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017

Time Report Requested: 12:30:15

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|           |      | B6C3F1 MICE FEMALE |        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-----------|------|--------------------|--------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|           |      | DAY ON TEST        | 5 W/kg |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| ANIMAL ID |      |                    |        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 074550    | 0750 | 0755               | 0740   | 0645 | 0650 | 0751 | 0740 | 0741 | 0744 | 0740 | 0745 | 0749 | 0733 | 0755 | 0760 | 0774 | 0774 | 0773 | 0774 | 0775 | 0774 |
| 0055      | 0055 | 0055               | 0055   | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0055 | 0056 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 |
| 5856      | 5877 | 5888               | 5888   | 5899 | 5899 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 | 5999 |
| 5         | 0    | 1                  | 2      | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 0    |

females  
(cont...)

Urothelium, Hyperplasia

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 5 | 7 | 4 | 4 | 5 | 5 | 0 | 7 | 4 | 4 |
| ANIMAL ID   | 9 | 6 | 9 | 3 | 0 | 8 | 4 | 1 | 3 | 6 | 5 | 0 | 0 | 0 | 3 | 4 | 4 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|             | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | * |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                    | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |        |
|---------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--------|
|                                       |             | 0<br>7<br>3<br>9 | 0<br>7<br>4<br>6 | 0<br>7<br>3<br>9 | 0<br>6<br>4<br>0 | 0<br>6<br>6<br>8 | 0<br>7<br>5<br>4 | 0<br>7<br>4<br>3 | 0<br>7<br>6<br>5 | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>4 | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>4 |                  |          |        |
| 5 W/kg                                | ANIMAL ID   | 0<br>0<br>0<br>0 |                  |          |        |
|                                       |             | 6<br>6<br>1<br>4 | 6<br>6<br>1<br>5 | 6<br>6<br>1<br>6 | 6<br>6<br>1<br>7 | 6<br>6<br>1<br>8 | 6<br>6<br>2<br>9 | 6<br>6<br>2<br>0 | 6<br>6<br>2<br>1 | 6<br>6<br>2<br>2 | 6<br>6<br>2<br>3 | 6<br>6<br>2<br>4 | 6<br>6<br>2<br>5 | 6<br>6<br>2<br>6 | 6<br>6<br>2<br>7 | 6<br>6<br>2<br>8 |          |        |
| Bile Duct, Cyst                       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X        | 1      |
| Hepatocyte, Fatty Change, Focal       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 1.0  |
| Hepatocyte, Hyperplasia               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 2.0  |
| Hepatocyte, Hypertrophy               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 2.0  |
| Hepatocyte, Vacuolization Cytoplasmic |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 4 1.5  |
| Mesentery                             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 32     |
| Fat, Mineral                          |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 2.0  |
| Fat, Necrosis                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 27 2.5 |
| Oral Mucosa                           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2      |
| Pancreas                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 89     |
| Infiltration Cellular, Histiocyte     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 3.0  |
| Infiltration Cellular, Lymphocyte     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 30 1.3 |
| Acinus, Atrophy                       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 3.0  |
| Duct, Cyst                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2      |
| Salivary Glands                       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 90     |
| Infiltration Cellular, Lymphocyte     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 55 1.5 |
| Mineral                               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 1.0  |
| Stomach, Forestomach                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 90     |
| Cyst                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1      |
| Hyperkeratosis                        |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 2.0  |
| Epithelium, Hyperplasia, Focal        |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 2.0  |
| Stomach, Glandular                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 85     |
| Cyst                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 4      |
| Infiltration Cellular, Lymphocyte     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 2.0  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                            | 5 W/kg                              | DAY ON TEST                |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |
|-----------------------------------------------|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
|                                               |                                     |                            | 0<br>7<br>3<br>9           | 0<br>7<br>4<br>6           | 0<br>7<br>3<br>0           | 0<br>6<br>4<br>8      | 0<br>6<br>4<br>4      | 0<br>7<br>5<br>1      | 0<br>7<br>4<br>3      | 0<br>7<br>6<br>6      | 0<br>7<br>4<br>5      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>3      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>3      | 0<br>7<br>4<br>4 |
| ANIMAL ID                                     | 0<br>0<br>0<br>6<br>1<br>4          | 0<br>0<br>0<br>6<br>1<br>5 | 0<br>0<br>0<br>6<br>1<br>6 | 0<br>0<br>0<br>6<br>1<br>7 | 0<br>0<br>0<br>6<br>1<br>8 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>2<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>0<br>2<br>7 | 0<br>0<br>0<br>2<br>8 | 0<br>0<br>0<br>2<br>8 | 0<br>0<br>0<br>2<br>8 | * TOTALS         |
| Ulcer                                         |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0            |
| Tongue                                        |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |
| Tooth                                         |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |
| <b>CARDIOVASCULAR SYSTEM</b>                  |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |
| Aorta                                         | + + + + + + + + + + + + + + +       |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 90               |
| Blood Vessel                                  |                                     |                            |                            |                            |                            |                       | + +                   |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                |
| Heart                                         | + + + + + + + + + + + + + + +       |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 90               |
| Bacteria                                      |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                |
| Cardiomyopathy                                |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 1.7            |
| Thrombus                                      |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 3.5            |
| Endocardium, Hyperplasia                      |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0            |
| Myocardium, Infiltration Cellular, Lymphocyte |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0            |
| Myocardium, Inflammation, Acute               |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2 2.5            |
| Valve, Inflammation, Chronic                  |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 3.0            |
| <b>ENDOCRINE SYSTEM</b>                       |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |
| Adrenal Cortex                                | + + + + + + + + + + + + + + +       |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 90               |
| Accessory Adrenal Cortical Nodule             |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                |
| Hemorrhage                                    |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3 2.3            |
| Bilateral, Vacuolization Cytoplasmic          |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 1.0            |
| Subcapsular, Hyperplasia                      | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 88 2.0           |
| Adrenal Medulla                               | + + + + + + + + + + + + + + +       |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 86               |
| Hemorrhage                                    |                                     |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1 2.0            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                | DAY ON TEST |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |
|-----------------------------------|-------------|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|
|                                   |             | 0<br>7<br>3<br>9                | 0<br>7<br>4<br>6           | 0<br>7<br>3<br>9           | 0<br>6<br>4<br>0           | 0<br>6<br>6<br>8           | 0<br>7<br>5<br>4           | 0<br>7<br>4<br>3           | 0<br>7<br>6<br>5           | 0<br>7<br>5<br>0           | 0<br>7<br>4<br>0           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>4           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>4           | 0<br>7<br>4<br>3           |          |
| 5 W/kg                            | ANIMAL ID   | 0<br>0<br>0<br>6<br>1<br>4      | 0<br>0<br>0<br>6<br>1<br>5 | 0<br>0<br>0<br>6<br>1<br>6 | 0<br>0<br>0<br>6<br>1<br>7 | 0<br>0<br>0<br>6<br>1<br>8 | 0<br>0<br>0<br>6<br>2<br>0 | 0<br>0<br>0<br>6<br>2<br>1 | 0<br>0<br>0<br>6<br>2<br>2 | 0<br>0<br>0<br>6<br>2<br>3 | 0<br>0<br>0<br>6<br>2<br>4 | 0<br>0<br>0<br>6<br>2<br>5 | 0<br>0<br>0<br>6<br>2<br>6 | 0<br>0<br>0<br>6<br>2<br>7 | 0<br>0<br>0<br>6<br>2<br>8 | 0<br>0<br>0<br>6<br>2<br>8 |          |
|                                   |             | Hyperplasia                     |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 2.0    |
| Islets, Pancreatic                |             | + + + + + + + + + + + + + + + + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 90       |
| Hyperplasia                       |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0    |
| Infiltration Cellular, Lymphocyte |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 1.0    |
| Parathyroid Gland                 |             | + + + + + M + M + + + + M + +   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 64       |
| Infiltration Cellular, Lymphocyte |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 3.0    |
| Pituitary Gland                   |             | + + + + + + + + + + + + + + M + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 84       |
| Pars Distalis, Angiectasis        |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 6 1.7    |
| Pars Distalis, Hyperplasia, Focal |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 5 1.8    |
| Thyroid Gland                     |             | + + + + + + + + + + + + + + + + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 86       |
| Infiltration Cellular, Lymphocyte |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 6 1.2    |
| Ultimobranchial Cyst              |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2        |
| <b>GENERAL BODY SYSTEM</b>        |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Peritoneum                        |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1        |
| Tissue NOS                        |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1        |
| <b>GENITAL SYSTEM</b>             |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Clitoral Gland                    |             | + + + + + + + + + + + + + + M + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 80       |
| Duct, Cyst                        |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1        |
| Ovary                             |             | + + + + + + + + + + + + + + + + |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 82       |
| Angiectasis                       |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 4.0    |
| Cyst                              |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 8        |
| X                                 |             |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                       | 5 W/kg | DAY ON TEST |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |
|------------------------------------------|--------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                          |        |             | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>6      | 0<br>7<br>3<br>0      | 0<br>6<br>4<br>8      | 0<br>6<br>4<br>4      | 0<br>7<br>4<br>1 | 0<br>7<br>4<br>3 | 0<br>7<br>5<br>6 | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>3 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |                  |
| ANIMAL ID                                |        |             | 0<br>0<br>6<br>1<br>4 | 0<br>0<br>6<br>1<br>5 | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>1<br>7 | 0<br>0<br>6<br>1<br>8 | 0<br>1<br>2<br>0 | 0<br>2<br>2<br>1 | 0<br>2<br>2<br>2 | 0<br>2<br>2<br>3 | 0<br>2<br>2<br>4 | 0<br>2<br>2<br>5 | 0<br>2<br>2<br>6 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |
| Cyst, Squamous                           |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| Hemorrhage                               |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0            |
| Hyperplasia, Cystic, Papillary           |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |
| Thrombus                                 |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |
| Follicle, Cyst                           |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6                |
| Oviduct                                  |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| Uterus                                   |        |             | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  | 90               |
| Angiectasis                              |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 5 3.2            |
| Dilation                                 |        |             | 2                     | 3                     |                       | 2                     |                       | 3                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 30 2.9           |
| Hemorrhage                               |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |
| Infiltration Cellular, Lymphocyte        |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |
| Endometrium, Hyperplasia, Cystic         |        |             | 2                     | 2                     | 3                     |                       | 2                     | 3                | 3                | 2                | 2                | 3                | 3                | 3                | 1                | 3                |                  | 72 2.4           |
| Vagina                                   |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |
| <b>HEMATOPOIETIC SYSTEM</b>              |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Bone Marrow                              |        |             | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  | 89               |
| Hypercellularity                         |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.8            |
| Lymph Node                               |        |             | +                     | +                     |                       | +                     |                       | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  | 16               |
| Hemorrhage                               |        |             |                       |                       |                       | 2                     |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Iliac, Hemorrhage                        |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.5            |
| Iliac, Hyperplasia, Lymphoid             |        |             |                       |                       |                       | 2                     |                       |                  | 2                |                  |                  |                  |                  |                  |                  |                  |                  | 6 2.3            |
| Iliac, Infiltration Cellular, Histiocyte |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |
| Iliac, Infiltration Cellular, Mixed Cell |        |             |                       |                       |                       | 2                     |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.0            |
| Iliac, Pigment                           |        |             |                       |                       |                       |                       | 2                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.0            |
| Renal, Erythropagocytosis                |        |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                                                 | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                    |             | 0<br>7<br>3<br>9 | 0<br>7<br>4<br>6 | 0<br>7<br>3<br>9 | 0<br>6<br>4<br>0 | 0<br>6<br>6<br>8 | 0<br>7<br>5<br>4 | 0<br>7<br>4<br>3 | 0<br>7<br>6<br>5 | 0<br>7<br>5<br>0 | 0<br>7<br>4<br>0 | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>4 | 0<br>7<br>4<br>3 | 0<br>7<br>4<br>4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 W/kg                                                             | ANIMAL ID   | 0<br>0<br>0<br>0 | * TOTALS         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal, Hyperplasia, Lymphoid                                       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   3.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mandibular                                             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +   +   M   +   +   +   +   +   +   +   +   +   +   +   +   +   81 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemorrhage                                                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   2.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Lymphoid                                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   3.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Histiocyte                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   2.5                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lymph Node, Mesenteric                                             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +   +   +   M   +   +   +   +   +   +   +   +   +   +   +   +   80 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Erythropagocytosis                                                 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   2.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemorrhage                                                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   3.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Lymphoid                                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3   2.3                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Histiocyte                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6   2.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spleen                                                             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   89 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Extramedullary Hematopoiesis                                       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19   2.6                                                           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Lymphoid                                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13   2.2                                                           |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Capsule, Inflammation, Chronic Active                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   3.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thymus                                                             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +   +   +   +   +   M   +   +   +   +   +   +   +   +   +   +   84 |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Atrophy                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8   3.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cyst                                                               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemorrhage                                                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   2.0                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperplasia, Lymphoid                                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   3.5                                                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                                                                  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### INTEGUMENTARY SYSTEM

|                      |                                                                    |
|----------------------|--------------------------------------------------------------------|
| Mammary Gland        | +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   88 |
| Hyperplasia, Focal   | 1   2.0                                                            |
| Hyperplasia, Diffuse | 1   2.0                                                            |
| Duct, Dilation       | 2   2.0                                                            |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal   3) Moderate  
 2) Mild       4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                             | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |
|------------------------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|
|                                                |             | 0<br>7<br>3<br>9           | 0<br>7<br>4<br>6           | 0<br>7<br>3<br>9           | 0<br>6<br>4<br>0           | 0<br>6<br>6<br>8           | 0<br>7<br>5<br>4           | 0<br>7<br>4<br>3           | 0<br>7<br>6<br>5           | 0<br>7<br>5<br>0           | 0<br>7<br>4<br>0           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>4           | 0<br>7<br>4<br>3           | 0<br>7<br>4<br>4           |                            |          |
| 5 W/kg                                         | ANIMAL ID   | 0<br>0<br>0<br>6<br>1<br>4 | 0<br>0<br>0<br>6<br>1<br>5 | 0<br>0<br>0<br>6<br>1<br>6 | 0<br>0<br>0<br>6<br>1<br>7 | 0<br>0<br>0<br>6<br>1<br>8 | 0<br>0<br>0<br>6<br>1<br>9 | 0<br>0<br>0<br>6<br>2<br>0 | 0<br>0<br>0<br>6<br>2<br>1 | 0<br>0<br>0<br>6<br>2<br>2 | 0<br>0<br>0<br>6<br>2<br>3 | 0<br>0<br>0<br>6<br>2<br>4 | 0<br>0<br>0<br>6<br>2<br>5 | 0<br>0<br>0<br>6<br>2<br>6 | 0<br>0<br>0<br>6<br>2<br>7 | 0<br>0<br>0<br>6<br>2<br>8 |          |
|                                                |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Skin                                           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 90       |
| Ulcer                                          |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 3.5    |
| Hair Follicle, Atrophy                         |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 4 2.8    |
| Subcutaneous Tissue, Inflammation, Chronic     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| <b>MUSCULOSKELETAL SYSTEM</b>                  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Bone                                           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 89       |
| Fibro-Osseous Lesion                           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 4 2.0    |
| Skeletal Muscle                                |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 90       |
| Degeneration                                   |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2 1.0    |
| Infiltration Cellular, Lymphocyte              |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 10 1.3   |
| <b>NERVOUS SYSTEM</b>                          |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |
| Brain                                          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 90       |
| Cyst, Squamous                                 |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2        |
| Hemorrhage                                     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3 2.0    |
| Mineral                                        |             | 1                          | 1                          | 1                          | 1                          | 1                          | 1                          | 2                          | 1                          | 1                          | 1                          | 1                          | 1                          | 1                          | 1                          | 2                          | 77 1.4   |
| Necrosis                                       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 2.0    |
| Artery, Meninges, Inflammation, Chronic Active |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 3 2.0    |
| Brain Trigeminal Ganglion                      |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | +                          | +                          | +                          | +                          | +                          | M                          | +                          | 80       |
| Nerve Trigeminal                               |             | +                          | +                          | +                          | +                          | M                          | M                          | M                          | +                          | +                          | M                          | M                          | M                          | +                          | M                          | +                          | 53       |
| Peripheral Nerve                               |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1        |
| Peripheral Nerve, Sciatic                      |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | I                          | +                          | 88       |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                             | 5 W/kg                | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |       |
|------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--|-------|
|                                                |                       |                       | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>6      | 0<br>7<br>3<br>0      | 0<br>6<br>4<br>8      | 0<br>6<br>4<br>4      | 0<br>7<br>5<br>1      | 0<br>7<br>4<br>3      | 0<br>7<br>6<br>6      | 0<br>7<br>5<br>5      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>0      | 0<br>7<br>4<br>3      | 0<br>7<br>4<br>4 |  |       |
| ANIMAL ID                                      | 0<br>0<br>6<br>1<br>4 | 0<br>0<br>6<br>1<br>5 | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>1<br>7 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>2<br>0 | 0<br>0<br>6<br>2<br>1 | 0<br>0<br>6<br>2<br>2 | 0<br>0<br>6<br>2<br>3 | 0<br>0<br>6<br>2<br>4 | 0<br>0<br>6<br>2<br>5 | 0<br>0<br>6<br>2<br>6 | 0<br>0<br>6<br>2<br>7 | 0<br>0<br>6<br>2<br>8 |                  |  |       |
| Axon, Degeneration                             |                       |                       | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 7 1.7 |
| Spinal Cord                                    | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 90    |
| Artery, Meninges, Inflammation, Chronic Active |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 1.0 |
| <b>RESPIRATORY SYSTEM</b>                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |       |
| Larynx                                         |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 2     |
| Lung                                           | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 90    |
| Congestion                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 2 3.0 |
| Hemorrhage                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 3 2.0 |
| Hyperplasia, Lymphoid                          |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 2.0 |
| Infiltration Cellular, Lymphocyte              |                       |                       | 2                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 2 2.0 |
| Alveolar Epithelium, Hyperplasia, Focal        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 2.0 |
| Nose                                           | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 90    |
| Respiratory Epithelium, Hyperplasia            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 2.0 |
| Pleura                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1     |
| Trachea                                        | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 90    |
| <b>SPECIAL SENSES SYSTEM</b>                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |       |
| Ear                                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1     |
| Eye                                            | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 90    |
| Phthisis Bulbi                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1     |
| Bilateral, Retina, Hemorrhage                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 4.0 |
| Cornea, Inflammation, Acute                    |                       |                       | 3                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  | 1 3.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE                              | 5 W/kg                | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |     |
|-------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-----|
|                                                 |                       |                       | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>6      | 0<br>7<br>3<br>9      | 0<br>6<br>4<br>0      | 0<br>6<br>6<br>8      | 0<br>7<br>5<br>4      | 0<br>7<br>4<br>3      | 0<br>7<br>6<br>5      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>3      | 0<br>7<br>4<br>4      | 0<br>0<br>0<br>0      | 0<br>0<br>0<br>0      | 0<br>0<br>0<br>0      | 0<br>0<br>0<br>0      |          |     |
| ANIMAL ID                                       | 0<br>0<br>6<br>1<br>4 | 0<br>0<br>6<br>1<br>5 | 0<br>0<br>6<br>1<br>6 | 0<br>0<br>6<br>1<br>7 | 0<br>0<br>6<br>1<br>8 | 0<br>0<br>6<br>1<br>9 | 0<br>0<br>6<br>2<br>0 | 0<br>0<br>6<br>2<br>1 | 0<br>0<br>6<br>2<br>2 | 0<br>0<br>6<br>2<br>3 | 0<br>0<br>6<br>2<br>4 | 0<br>0<br>6<br>2<br>5 | 0<br>0<br>6<br>2<br>6 | 0<br>0<br>6<br>2<br>7 | 0<br>0<br>6<br>2<br>8 | 0<br>0<br>6<br>2<br>9 | 0<br>0<br>6<br>2<br>0 |          |     |
| Cornea, Inflammation, Chronic                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Cornea, Necrosis                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Harderian Gland                                 |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 90       |     |
| Hyperplasia, Focal                              |                       |                       | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1                     | 1        | 2.0 |
| Infiltration Cellular, Lymphocyte               |                       |                       | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 6                     | 69       | 1.1 |
| Lacrimal Gland                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |     |
| Zymbal's Gland                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| <b>URINARY SYSTEM</b>                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |     |
| Kidney                                          |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 89       |     |
| Infarct                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 20       | 1.7 |
| Inflammation, Acute                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| Metaplasia, Osseous                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |     |
| Nephropathy, Chronic Progressive                |                       |                       | 1                     | 1                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 19       | 1.4 |
| Interstitial, Infiltration Cellular, Lymphocyte |                       |                       | 1                     | 1                     | 1                     | 1                     |                       | 2                     |                       | 1                     | 1                     | 1                     | 1                     | 1                     | 2                     |                       |                       | 65       | 1.5 |
| Papilla, Mineral                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 1.0 |
| Pelvis, Necrosis                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| Renal Tubule, Dilation                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| Renal Tubule, Mineral                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |
| Ureter                                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Urethra                                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |     |
| Urinary Bladder                                 |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 86       |     |
| Infiltration Cellular, Lymphocyte               |                       |                       | 2                     | 1                     | 2                     | 2                     |                       | 1                     | 1                     | 1                     |                       | 2                     | 1                     | 2                     | 2                     | 1                     |                       | 65       | 1.6 |
| Inflammation, Acute                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        | 2.0 |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

## Cell Phone Radiation: GSM

**Time Report Requested:** 12:30:15

**Route:** Whole Body Exposure

**CAS Number:** CELLPRADGSM

**First Dose M/F:** 06/18/12 / 06/18/12

**Species/Strain:** MICE/B6C3F1

Lab: IIT

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|             | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
| ANIMAL ID   | 3 | 4 | 3 | 4 | 4 | 6 | 4 | 5 | 4 | 4 | 4 | 5 | 5 | 0 | 0 | 4        | 4 |
|             | 9 | 6 | 9 | 3 | 0 | 8 | 4 | 1 | 3 | 6 | 5 | 0 | 0 | 3 | 4 | 4        | 4 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6        | 6 |
|             | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 2 |
|             | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | * TOTALS |   |

#### **Urothelium, Hyperplasia**

1 2.0

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade.

+ .. Tissue examined microscopically

M .. Missing tissue

X.. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

Lesion qualified as:

- 1) Minimal    3) Moderate
- 2) Mild        4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

#### I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 10 W/kg            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 7                  | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 5 | 6 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6                    |                      |
| 0 | 0         | 5           | 5                  | 5 | 5 | 3 | 6 | 4 | 5 | 5 | 4 | 6 | 8 | 4 | 4 | 6 | 7 | 3 | 4 | 4 | 4 | 9 | 5 | 6 | 7 | 7 | 6                    | 0                    |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 0 | 0         | 7           | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7                    |
| 7 | 7         | 3           | 3                  | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6                    | 6                    |
| 3 | 7         | 8           | 9                  | 0 | 1 | 2 | 3 | 4 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 6                    | 6                    |
| 7 | 8         | 9           | 0                  | 1 | 2 | 3 | 4 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 6 | 6                    | 6                    |

### ENDOCRINE SYSTEM

Adrenal Cortex

Accessory Adrenal Cortical Nodule  
 Bilateral, Vacuolization Cytoplasmic  
 Subcapsular, Hyperplasia

Adrenal Medulla

Islets, Pancreatic  
 Infiltration Cellular, Lymphocyte

Parathyroid Gland

Infiltration Cellular, Lymphocyte

Pituitary Gland

Pars Distalis, Angiectasis  
 Pars Distalis, Cyst  
 Pars Distalis, Cytoplasmic Alteration  
 Pars Distalis, Hyperplasia, Focal

Thyroid Gland

Infiltration Cellular, Lymphocyte

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |   |
| + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | M | M | + | + | M | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | 1 |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 3 |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### GENERAL BODY SYSTEM

Tissue NOS

### GENITAL SYSTEM

Clitoral Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:  
 1) Minimal 3) Moderate  
 2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

#### **Infiltration Cellular, Lymphocyte**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                                |           | DAY ON TEST      | B6C3F1 MICE FEMALE |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | females<br>(cont...) |   |
|------------------------------------------------|-----------|------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|---|
|                                                |           |                  | 10 W/kg            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
|                                                | ANIMAL ID |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
|                                                |           | 0<br>7<br>5<br>0 | 0<br>7<br>5<br>0   | 0<br>7<br>5<br>2 | 0<br>7<br>3<br>1 | 0<br>6<br>4<br>9 | 0<br>7<br>5<br>4 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>0 | 0<br>7<br>6<br>3 | 0<br>5<br>6<br>1 | 0<br>6<br>4<br>6 | 0<br>7<br>4<br>3 | 0<br>6<br>7<br>4 | 0<br>6<br>7<br>9 | 0<br>7<br>6<br>6 | 0<br>7<br>4<br>4 | 0<br>7<br>4<br>9 | 0<br>7<br>5<br>5 | 0<br>7<br>4<br>6 | 0<br>7<br>7<br>7 | 0<br>7<br>4<br>6 | 0<br>7<br>7<br>7 | 0<br>7<br>7<br>7 | 0<br>7<br>6<br>7 |   |                      |   |
| Fibro-Osseous Lesion                           |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 3                    |   |
| Increased Bone                                 |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 2                    |   |
| Skeletal Muscle                                |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +                    |   |
| Degeneration                                   |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | 2 |
| Infiltration Cellular, Lymphocyte              |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | 1 |
| Inflammation, Chronic Active                   |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | 2 |
| <b>NERVOUS SYSTEM</b>                          |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Brain                                          |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +                    |   |
| Mineral                                        |           | 2                | 1                  | 2                | 1                | 1                | 2                | 2                | 2                | 1                | 2                | 2                | 1                | 2                | 2                | 2                | 2                | 2                | 2                | 1                | 1                | 1                | 1                | 1                | 1                | 1 | 1                    |   |
| Necrosis                                       |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | 1 |
| Artery, Meninges, Inflammation, Chronic Active |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Brain Trigeminal Ganglion                      |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | M                | +                | +                | +                | +                | + | +                    |   |
| Nerve Trigeminal                               |           | M                | M                  | M                | M                | +                | M                | M                | M                | +                | M                | +                | +                | +                | M                | M                | +                | +                | M                | M                | +                | M                | M                | +                | M                | M | +                    |   |
| Peripheral Nerve, Sciatic Axon, Degeneration   |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +                    |   |
| Spinal Cord                                    |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +                    |   |
| Artery, Meninges, Inflammation, Chronic Active |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| <b>RESPIRATORY SYSTEM</b>                      |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Lung                                           |           | +                | +                  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +                    |   |
| Congestion                                     |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Hemorrhage                                     |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Infiltration Cellular, Lymphocyte              |           |                  |                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

Inflammation, Chronic Active  
Alveolar Epithelium, Hyperplasia, Focal

## **SPECIAL SENSES SYSTEM**

## **URINARY SYSTEM**

\* Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± = Tissue examined microscopically

#### M Missing tissue

#### 1-4 Lesion qualified as:

X ... Lesion present

A - Autolysis precludes evaluation

Lesion qualified as:

#### I .. Insufficient tissue

BLANK .. Not examined microscopically

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## Angiectasis

#### Infiltration Cellular, Lymphocyte

2

22

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 08/24/2017

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **ALIMENTARY SYSTEM**

\* - Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

± .. Tissue examined microscopically

M .. Missing tissue

X., Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 ... Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## CARDIOVASCULAR SYSTEM

## Aorta Degeneration

Heart  
Cardiomyopathy  
Artery, Inflammation  
Myocardium,  
Myocardium,

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                   |   | DAY ON TEST | 0<br>7<br>5<br>2      | 0<br>7<br>5<br>1      | 0<br>7<br>4<br>0      | 0<br>7<br>0<br>0      | 0<br>7<br>5<br>1      | 0<br>7<br>4<br>1      | 0<br>7<br>4<br>3      | 0<br>5<br>9<br>0      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>4      | 0<br>7<br>4<br>5      | 0<br>7<br>4<br>6      | 0<br>7<br>3<br>9      | 0<br>7<br>4<br>6      | 0<br>7<br>5<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>5<br>5      | 0<br>7<br>4<br>6      | 0<br>7<br>7<br>0      | 0<br>7<br>2<br>1      |                       |                       |                      |   |   |
|-----------------------------------|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|---|---|
|                                   |   | ANIMAL ID   | 0<br>0<br>7<br>6<br>5 | 0<br>0<br>7<br>6<br>8 | 0<br>0<br>7<br>6<br>9 | 0<br>0<br>7<br>7<br>0 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>5 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>7 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>9 | 0<br>0<br>7<br>8<br>0 | 0<br>0<br>7<br>8<br>1 | 0<br>0<br>7<br>8<br>4 | 0<br>0<br>7<br>8<br>5 | 0<br>0<br>7<br>8<br>7 | 0<br>0<br>7<br>8<br>8 | 0<br>0<br>7<br>8<br>9 | 0<br>0<br>7<br>9<br>0 | 0<br>0<br>7<br>9<br>1 | females<br>(cont...) |   |   |
| <b>B6C3F1 MICE FEMALE</b>         |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| <b>10 W/kg</b>                    |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Infiltration Cellular, Lymphocyte |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      | 2 |   |
| Ovary                             | + | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                    | A |   |
| Angiectasis                       |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Cyst                              |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   | X |
| Hyperplasia, Tubulostromal        |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   | X |
| Infiltration Cellular, Lymphocyte |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   | 4 |
| Thrombus                          |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Bursa, Cyst                       |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Follicle, Cyst                    |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Paraovarian Tissue, Cyst          |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Uterus                            | + | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                    |   |   |
| Angiectasis                       |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Dilation                          |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Endometrium, Cyst                 |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Endometrium, Hyperplasia          |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |   |   |
| Endometrium, Hyperplasia, Cystic  | 2 | 2           | 3                     | 2                     | 2                     | 3                     | 1                     | 3                     | 2                     | 2                     | 2                     | 2                     | 3                     | 2                     | 2                     | 3                     | 2                     | 2                     | 3                     | 3                     | 3                     | 3                     | 3                     | 3                     | 3                    |   |   |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 4 |  |
| Hypercellularity                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node                       | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Bronchial, Hyperplasia, Lymphoid |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Iliac, Hyperplasia, Lymphoid     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular           | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + |   |  |
| Hemorrhage                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

### M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|         |           | DAY ON TEST | B6C3F1 MICE FEMALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |                      |
|---------|-----------|-------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|----------------------|
|         |           |             | 0752               | 0751 | 0740 | 0740 | 0501 | 0501 | 0411 | 0414 | 0343 | 0344 | 0500 | 0504 | 0704 | 0704 | 0705 | 0706 | 0709 | 0706 | 0705 | 0705 | 0705 | 0706 | 0707 | 0707 | 0707 | 0707 |                      |                      |
| 10 W/kg | ANIMAL ID | 0077        | 0077               | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077                 | females<br>(cont...) |
|         |           | 0077        | 0077               | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 | 0077 |                      |                      |

Inflammation, Chronic Active

Alveolar Epithelium, Hyperplasia, Focal

2

1

Nose

Vomeronasal Organ, Cyst

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Trachea

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

## SPECIAL SENSES SYSTEM

Eye

Anterior Chamber, Inflammation, Acute

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Cornea, Inflammation, Acute

2

2

Harderian Gland

Infiltration Cellular, Lymphocyte

+ + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Inflammation, Chronic Active

1 1 1 1 2 1 2 1 + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

M

1

M +

1

## URINARY SYSTEM

Kidney

Hemorrhage

+ + + + + A + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

Infarct

1

1

2

2

1

1

Metaplasia, Osseous

Nephropathy, Chronic Progressive

1

Interstitial, Infiltration Cellular, Lymphocyte

2 2 3 1 1 1 2 1 2 1 1 1 2

Papilla, Mineral

Pelvis, Mineral

Renal Tubule, Dilation

2

Urinary Bladder

+ + + + + M + + + + + A + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

### **Angiectasis**

#### Infiltration Cellular, Lymphocyte

2 2 2 3 2 1 1 2 2 2 1 3 2 2 1 1 1

females  
(cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|         |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
|---------|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
| 10 W/kg | ANIMAL ID |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |   |
|         | 7         | 7           | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 1 |                      |   |
|         |           | 4           | 5                  | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 8 | 1                    |   |
|         |           | 5           | 1                  | 9 | 9 | 4 | 4 | 5 | 0 | 1 | 1 | 5 | 1 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 1                    |   |
|         |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|         |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |   |
|         |           | 7           | 7                  | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8                    |   |
|         |           | 9           | 9                  | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2                    | 2 |
|         |           | 6           | 7                  | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 2                    |   |

### ALIMENTARY SYSTEM

Esophagus

Gallbladder  
 Infiltration Cellular, Lymphocyte

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum

Liver

Basophilic Focus

Fatty Change

Infiltration Cellular, Lymphocyte

Mixed Cell Focus

Necrosis

Centrilobular, Hepatocyte, Hypertrophy

Hepatocyte, Inclusion Body Intracytoplasmic

Hepatocyte, Vacuolization Cytoplasmic

Mesentery

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

#### A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|   |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 10 W/kg            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6                    |                      |
| 4 | 4         | 5           | 5                  | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 8                    |                      |
| 5 | 5         | 1           | 9                  | 9 | 9 | 4 | 4 | 4 | 5 | 0 | 1 | 5 | 1 | 5 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1                    |                      |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
| 0 | 0         | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
| 7 | 7         | 7           | 8                  | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8                    |                      |
| 9 | 9         | 9           | 9                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2                    |                      |
| 6 | 6         | 7           | 9                  | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 2                    |                      |

### ENDOCRINE SYSTEM

Adrenal Cortex  
 Accessory Adrenal Cortical Nodule  
 Bilateral, Vacuolization Cytoplasmic  
 Subcapsular, Hyperplasia

Adrenal Medulla

Islets, Pancreatic  
 Infiltration Cellular, Lymphocyte

Parathyroid Gland  
 Infiltration Cellular, Lymphocyte

Pituitary Gland  
 Pars Distalis, Angiectasis  
 Pars Distalis, Cyst  
 Pars Distalis, Cytoplasmic Alteration  
 Pars Distalis, Hyperplasia, Focal

Thyroid Gland  
 Infiltration Cellular, Lymphocyte

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |  |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A |   |  |
| + | M | + | + | M | + | + | + | + | M | M | + | M | + | + | + | + | M | + | + | M | + | M | M | M | + |   |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 3 |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |  |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | M | + | M | + | + | + | + |   |  |

### GENERAL BODY SYSTEM

Tissue NOS

### GENITAL SYSTEM

Clitoral Gland + + M + + + + + + + + + + + + + + + + + + + + + + + M

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

A .. Autolysis precludes evaluation

I .. Insufficient tissue

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked



Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                                |         | DAY ON TEST | B6C3F1 MICE FEMALE |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |   |   |   |   |  |  |  |
|------------------------------------------------|---------|-------------|--------------------|-------|------|------|------|------|------|------|-----|------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|---|---|---|---|--|--|--|
|                                                |         |             | ANIMAL ID          | 07455 | 0751 | 0739 | 0733 | 0744 | 0745 | 0750 | 071 | 0751 | 0741 | 073 | 0743 | 0733 | 0740 | 0740 | 0744 | 0746 | 0740 | 0745 | 0746 | 0741 | 0746 | 0741 |                      |   |   |   |   |  |  |  |
| B6C3F1 MICE FEMALE                             | 10 W/kg |             |                    | 0     | 0    | 0    | 0    | 0    | 0    | 0    | 0   | 0    | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |                      |   |   |   |   |  |  |  |
|                                                |         |             |                    | 0     | 0    | 0    | 0    | 0    | 0    | 0    | 0   | 0    | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |                      |   |   |   |   |  |  |  |
|                                                |         |             |                    | 0     | 0    | 0    | 0    | 0    | 0    | 0    | 0   | 0    | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |                      |   |   |   |   |  |  |  |
|                                                |         |             |                    | 7     | 7    | 7    | 8    | 8    | 8    | 8    | 8   | 8    | 8    | 8   | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    |                      |   |   |   |   |  |  |  |
|                                                |         |             |                    | 9     | 9    | 9    | 0    | 0    | 0    | 0    | 0   | 0    | 0    | 0   | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 2    |                      |   |   |   |   |  |  |  |
|                                                |         |             |                    | 6     | 7    | 9    | 0    | 1    | 2    | 3    | 4   | 5    | 6    | 7   | 8    | 9    | 0    | 1    | 2    | 3    | 4    | 5    | 7    | 8    | 9    | 0    |                      |   |   |   |   |  |  |  |
| Fibro-Osseous Lesion                           |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      | 3                    |   |   |   |   |  |  |  |
| Increased Bone                                 |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Skeletal Muscle                                |         |             |                    | +     | +    | +    | +    | +    | +    | +    | +   | +    | +    | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    |   |   |   |   |  |  |  |
| Degeneration                                   |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Infiltration Cellular, Lymphocyte              |         |             |                    | 1     |      |      |      |      |      |      |     |      |      |     |      |      |      | 2    | 2    |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Inflammation, Chronic Active                   |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| <b>NERVOUS SYSTEM</b>                          |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Brain                                          |         |             |                    | +     | +    | +    | +    | +    | +    | +    | +   | +    | +    | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    | + |   |   |   |  |  |  |
| Mineral                                        |         |             |                    | 1     | 1    | 1    | 1    | 2    | 1    | 1    | 2   |      | 1    | 1   | 1    | 1    | 2    | 2    | 1    | 1    | 1    | 2    | 1    | 2    | 2    | 2    | 1                    | 2 |   |   |   |  |  |  |
| Necrosis                                       |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Artery, Meninges, Inflammation, Chronic Active |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      | 2    |      |      |      |      |      |      |      |      |                      |   | 2 |   |   |  |  |  |
| Brain Trigeminal Ganglion                      |         |             |                    | +     | +    | +    | +    | +    | M    | +    | M   | +    | M    | +   | M    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +                    | M | + |   |   |  |  |  |
| Nerve Trigeminal                               |         |             |                    | M     | M    | +    | M    | M    | +    | M    | +   | M    | +    | M   | +    | M    | M    | M    | M    | M    | M    | M    | M    | M    | M    | M    | M                    | M | + | + |   |  |  |  |
| Peripheral Nerve, Sciatic Axon, Degeneration   |         |             |                    | +     | +    | +    | +    | +    | +    | +    | +   | +    | +    | +   | +    | +    | +    | I    | +    | +    | +    | +    | +    | +    | +    | +    | +                    | + | + | + |   |  |  |  |
| Spinal Cord                                    |         |             |                    | +     | +    | +    | +    | +    | +    | +    | +   | +    | +    | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    | + | + | + |   |  |  |  |
| Artery, Meninges, Inflammation, Chronic Active |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   | 1 |  |  |  |
| <b>RESPIRATORY SYSTEM</b>                      |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Lung                                           |         |             |                    | +     | +    | +    | +    | +    | +    | +    | +   | +    | +    | +   | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +                    | + | + | + |   |  |  |  |
| Congestion                                     |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Hemorrhage                                     |         |             |                    |       |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |
| Infiltration Cellular, Lymphocyte              |         |             |                    | 2     |      |      |      |      |      |      |     |      |      |     |      |      |      |      | 2    |      |      |      |      |      |      |      |                      |   |   |   |   |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked



**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

### **Angiectasis**

#### Infiltration Cellular, Lymphocyte

2 2 2 1 2 2 2 2 1 2 2 2 1 1 1 2 2 2 1 2 1 2

## females (cont...)

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grad

+ .. Tissue examined microscopically

## M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

## M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate  
2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

**Date Report Requested:** 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

|                |  | DAY ON TEST        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|--|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                |  | ANIMAL ID          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                |  | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| <b>10 W/kg</b> |  | 3                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                |  | 9                  | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 5 | 4 | 6 | 6 | 4 | 6 | 6 | 4 | 6 | 6 | 4 | 0 |
|                |  | 0                  | 2 | 1 | 5 | 3 | 6 | 2 | 4 | 1 | 2 | 0 | 2 | 2 | 0 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                |  | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                |  | 8                  | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
|                |  | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                |  | 3                  | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |

# ALIMENTARY SYSTEM

|                                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |    |
|---------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +      | 90 |
| Gallbladder                                 | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 72     |    |
| Infiltration Cellular, Lymphocyte           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4 1.5  |    |
| Intestine Large, Cecum                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 82     |    |
| Intestine Large, Colon                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 85     |    |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 86     |    |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 81     |    |
| Intestine Small, Ileum                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80     |    |
| Intestine Small, Jejunum                    | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 80     |    |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 89     |    |
| Basophilic Focus                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5      |    |
| Fatty Change                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 3.0  |    |
| Infiltration Cellular, Lymphocyte           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 32 1.3 |    |
| Mixed Cell Focus                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1      |    |
| Necrosis                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 1.7  |    |
| Centrilobular, Hepatocyte, Hypertrophy      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 3.0  |    |
| Hepatocyte, Inclusion Body Intracytoplasmic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |    |
| Hepatocyte, Vacuolization Cytoplasmic       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 2.0  |    |
| Mesentery                                   |   |   |   |   |   |   | + |   |   |   |   | + | + |   |   | 30     |    |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild      4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

|                                               |  | DAY ON TEST                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|-----------------------------------------------|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|
|                                               |  | ANIMAL ID                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| <b>B6C3F1 MICE FEMALE</b>                     |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| <b>10 W/kg</b>                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                               |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>* TOTALS</b> |  |
| Fat, Necrosis                                 |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 27 2.5          |  |
| Pancreas                                      |  | +                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 86              |  |
| Degeneration                                  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 2.0           |  |
| Infiltration Cellular, Lipocyte               |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 4.0           |  |
| Infiltration Cellular, Lymphocyte             |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 24 1.4          |  |
| Inflammation, Suppurative                     |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 3.0           |  |
| Necrosis                                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 3.0           |  |
| Acinus, Atrophy                               |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 4.0           |  |
| Duct, Cyst                                    |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3               |  |
| Duct, Inflammation, Chronic Active            |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 4.0           |  |
| Salivary Glands                               |  | +                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90              |  |
| Infiltration Cellular, Lymphocyte             |  | 2 1                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 62 1.5          |  |
| Stomach, Forestomach                          |  | A + + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 85              |  |
| Stomach, Glandular                            |  | A + + + + + + + + + + + + + |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 85              |  |
| Infiltration Cellular, Lymphocyte             |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 1.0           |  |
| <b>CARDIOVASCULAR SYSTEM</b>                  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Aorta                                         |  | +                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 89              |  |
| Degeneration                                  |  | M                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 4.0           |  |
| Heart                                         |  | +                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90              |  |
| Cardiomyopathy                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 1.0           |  |
| Artery, Inflammation, Chronic Active          |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 2.0           |  |
| Myocardium, Infiltration Cellular, Lymphocyte |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 1.0           |  |
| Myocardium, Mineral                           |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 2.0           |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

**Test Type:** CHRONIC

**Route:** Whole Body Exposure

**Species/Strain:** MICE/B6C3F1

## Cell Phone Radiation: GSM

**CAS Number:** CELLPRADGSM

Date Report Requested: 08/24/2017

**Time Report Requested:** 12:30:15

**First Dose M/F:** 06/18/12 / 06/18/12

Lab: IIT

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|             | 3 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 |   |          |
| ANIMAL ID   | 9 | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 6 | 6 | 4 |          |
|             | 0 | 2 | 1 | 5 | 3 | 6 | 2 | 4 | 1 | 2 | 0 | 2 | 6 | 0 | 0 | 0 |          |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|             | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |          |
|             | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|             | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 |   | * TOTALS |

# **ENDOCRINE SYSTEM**

## GENERAL BODY SYSTEM

Tissue NOS + 2

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

M .. Missing tissue

X .. Lesion present

I .. Insufficient tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal    3) Moderate  
2) Mild        4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE FEMALE                | 10 W/kg | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | * TOTALS |
|-----------------------------------|---------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|                                   |         |             | 0<br>3<br>9<br>0 | 0<br>7<br>5<br>2 | 0<br>7<br>4<br>1 | 0<br>7<br>4<br>3 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>1 | 0<br>7<br>4<br>2 | 0<br>7<br>6<br>0 | 0<br>6<br>6<br>0 | 0<br>7<br>4<br>0 | 0<br>6<br>6<br>0 | 0<br>6<br>6<br>0 | 0<br>7<br>4<br>0 | 0<br>6<br>6<br>0 |  |          |
| ANIMAL ID                         |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Infiltration Cellular, Lymphocyte |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |  |          |
| Ovary                             | M       | M           | I                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 80               |  |          |
| Angiectasis                       |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0            |  |          |
| Cyst                              |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 7                |  |          |
| Hyperplasia, Tubulostromal        |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |  |          |
| Infiltration Cellular, Lymphocyte |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |  |          |
| Thrombus                          |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 4.0            |  |          |
| Bursa, Cyst                       |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |  |          |
| Follicle, Cyst                    |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 7                |  |          |
| Paraovarian Tissue, Cyst          |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |  |          |
|                                   | X       |             | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Uterus                            | +       | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 89               |  |          |
| Angiectasis                       |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 3.0            |  |          |
| Dilation                          |         | 3           |                  | 3                |                  | 4                |                  | 4                |                  | 3                | 3                |                  | 3                |                  |                  | 26 3.0           |  |          |
| Endometrium, Cyst                 |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1                |  |          |
| Endometrium, Hyperplasia          |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0            |  |          |
| Endometrium, Hyperplasia, Cystic  |         | 3           | 3                | 1                | 3                | 3                | 3                | 3                | 2                | 2                | 3                | 2                | 3                |                  |                  | 68 2.4           |  |          |
| <b>HEMATOPOIETIC SYSTEM</b>       |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |          |
| Bone Marrow                       | +       | +           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90               |  |          |
| Hypercellularity                  |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 3.0            |  |          |
| Lymph Node                        |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 14               |  |          |
| Hemorrhage                        |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |  |          |
| Bronchial, Hyperplasia, Lymphoid  |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.0            |  |          |
| Iliac, Hyperplasia, Lymphoid      |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0            |  |          |
| Lymph Node, Mandibular            | +       | +           | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 83               |  |          |
| Hemorrhage                        |         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0            |  |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78  
 Test Type: CHRONIC  
 Route: Whole Body Exposure  
 Species/Strain: MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017  
 Time Report Requested: 12:30:15  
 First Dose M/F: 06/18/12 / 06/18/12  
 Lab: IIT

| B6C3F1 MICE FEMALE            | 10 W/kg                            | DAY ON TEST |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | * TOTALS |
|-------------------------------|------------------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----------|
|                               |                                    |             | 0<br>3<br>9<br>0 | 0<br>7<br>5<br>2 | 0<br>7<br>4<br>1 | 0<br>7<br>4<br>3 | 0<br>7<br>5<br>2 | 0<br>7<br>6<br>6 | 0<br>7<br>6<br>0 |          |          |
| ANIMAL ID                     |                                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |          |
|                               | Hyperplasia, Lymphoid              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.8    |          |
|                               | Lymph Node, Mesenteric             |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 83       |          |
|                               | Hemorrhage                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |          |
|                               | Hyperplasia, Lymphoid              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 3.0    |          |
|                               | Infiltration Cellular, Histiocyte  |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 4 2.3    |          |
|                               | Spleen                             |             | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 87       |          |
|                               | Extramedullary Hematopoiesis       |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 11 2.5   |          |
|                               | Hyperplasia, Lymphoid              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 10 2.2   |          |
|                               | Thymus                             |             | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 86       |          |
|                               | Atrophy                            |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
|                               | Cyst                               |             |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2        |          |
|                               | Hemorrhage                         |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
|                               | Hyperplasia, Lymphoid              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0    |          |
| <b>INTEGUMENTARY SYSTEM</b>   |                                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |
| Mammary Gland                 |                                    |             | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 84       |          |
|                               | Hyperplasia, Diffuse               |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |          |
|                               | Duct, Dilation                     |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
| Skin                          |                                    |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90       |          |
|                               | Ulcer                              |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 3.0    |          |
|                               | Epidermis, Hyperplasia, Multifocal |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |          |
|                               | Hair Follicle, Atrophy             |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 8 3.0    |          |
| <b>MUSCULOSKELETAL SYSTEM</b> |                                    |             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |          |
| Bone                          |                                    |             | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 90       |          |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

**Experiment Number:** 20105 - 78  
**Test Type:** CHRONIC  
**Route:** Whole Body Exposure  
**Species/Strain:** MICE/B6C3F1

### P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

**Date Report Requested:** 08/24/2017  
**Time Report Requested:** 12:30:15  
**First Dose M/F:** 06/18/12 / 06/18/12  
**Lab:** IIT

| B6C3F1 MICE FEMALE                             | 10 W/kg                           | DAY ON TEST           |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                |                                   |                       | 0<br>3<br>9<br>0      | 0<br>7<br>5<br>2      | 0<br>7<br>4<br>1      | 0<br>7<br>4<br>3 | 0<br>7<br>5<br>2 | 0<br>7<br>5<br>4 | 0<br>7<br>5<br>2 | 0<br>7<br>6<br>6 | 0<br>7<br>6<br>0 | 0<br>7<br>6<br>0 | 0<br>7<br>6<br>0 | 0<br>7<br>6<br>0 | 0<br>7<br>6<br>0 | 0<br>7<br>6<br>0 |                  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ANIMAL ID                                      | 0<br>0<br>8<br>2<br>3             | 0<br>0<br>8<br>2<br>4 | 0<br>0<br>8<br>2<br>5 | 0<br>0<br>8<br>2<br>7 | 0<br>0<br>8<br>2<br>8 | 0<br>0<br>8<br>3 | * TOTALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fibro-Osseous Lesion                           | 2                                 |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.7    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Increased Bone                                 |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skeletal Muscle                                | + + + + + + + + + + + + + + +     |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Degeneration                                   |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Lymphocyte              |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 16 1.4   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inflammation, Chronic Active                   |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 2.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>NERVOUS SYSTEM</b>                          |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain                                          | + + + + + + + + + + + + + + +     |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mineral                                        | 2 2 2 1 1 1                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 78 1.4   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Necrosis                                       |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 1.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Artery, Meninges, Inflammation, Chronic Active |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 2.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain Trigeminal Ganglion                      | M + + + + + + + + + + + + + + +   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 79       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nerve Trigeminal                               | M + + M + + + M M M M M M M M M   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 35       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peripheral Nerve, Sciatic                      | + + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 88       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Axon, Degeneration                             |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 6 1.8    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spinal Cord                                    | + + + + + + + + + + + + + + + + + |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Artery, Meninges, Inflammation, Chronic Active |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 2 1.5    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>RESPIRATORY SYSTEM</b>                      |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lung                                           | + + + + + + + + + + + + + + +     |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 90       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Congestion                                     | 3                                 |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1 3.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hemorrhage                                     | 2                                 |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.3    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infiltration Cellular, Lymphocyte              |                                   |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3 2.0    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

## P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Date Report Requested: 08/24/2017

Test Type: CHRONIC

Cell Phone Radiation: GSM

Time Report Requested: 12:30:15

Route: Whole Body Exposure

CAS Number: CELLPRADGSM

First Dose M/F: 06/18/12 / 06/18/12

Species/Strain: MICE/B6C3F1

Lab: IIT

|                                                 |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
|-------------------------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|                                                 |  | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
| <b>B6C3F1 MICE FEMALE</b>                       |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |  |
| <b>10 W/kg</b>                                  |  | 3           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 |          |  |
|                                                 |  | 9           | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 6 | 4 |          |  |
|                                                 |  | 0           | 2 | 1 | 5 | 3 | 6 | 2 | 4 | 1 | 2 | 0 | 2 | 6 | 0 | 0 |          |  |
|                                                 |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                                                 |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|                                                 |  | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |          |  |
|                                                 |  | 2           | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |  |
|                                                 |  | 3           | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 |          |  |
| Inflammation, Chronic Active                    |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Alveolar Epithelium, Hyperplasia, Focal         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Nose                                            |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Vomeronasal Organ, Cyst                         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Trachea                                         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| <b>SPECIAL SENSES SYSTEM</b>                    |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Eye                                             |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Anterior Chamber, Inflammation, Acute           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Cornea, Inflammation, Acute                     |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Harderian Gland                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Infiltration Cellular, Lymphocyte               |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Inflammation, Chronic Active                    |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| <b>URINARY SYSTEM</b>                           |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Kidney                                          |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Hemorrhage                                      |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Infarct                                         |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Metaplasia, Osseous                             |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Nephropathy, Chronic Progressive                |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Interstitial, Infiltration Cellular, Lymphocyte |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Papilla, Mineral                                |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Pelvis, Mineral                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Renal Tubule, Dilatation                        |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| Urinary Bladder                                 |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

Experiment Number: 20105 - 78

Test Type: CHRONIC

Route: Whole Body Exposure

Species/Strain: MICE/B6C3F1

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

Cell Phone Radiation: GSM

CAS Number: CELLPRADGSM

Date Report Requested: 08/24/2017

Time Report Requested: 12:30:15

First Dose M/F: 06/18/12 / 06/18/12

Lab: IIT

|                                   |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
|-----------------------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|-----|
|                                   |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |    |     |
| B6C3F1 MICE FEMALE                |  | 3           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 |    |     |
| 10 W/kg                           |  | 9           | 5 | 5 | 4 | 4 | 4 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 6 | 4 |    |     |
|                                   |  | 0           | 2 | 1 | 5 | 3 | 6 | 2 | 4 | 1 | 2 | 0 | 2 | 6 | 0 | 0 |    |     |
|                                   |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |    |     |
|                                   |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |    |     |
|                                   |  | 8           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |    |     |
|                                   |  | 2           | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |    |     |
|                                   |  | 3           | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 |    |     |
| * TOTALS                          |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |     |
| Angiectasis                       |  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  | 2.0 |
| Infiltration Cellular, Lymphocyte |  | 2           | 2 | 1 | 2 |   | 1 | 2 |   | 2 | 2 |   | 2 | 2 |   | 1 | 68 | 1.7 |

\*\*\* END OF REPORT \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked